

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 20 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

B.K. Lal Enterprise, Inc (P06000055635)

2. Principal Office Address - No P.O. Box #

411 SR 33 South

3. Mailing Office Address

411 SR 33 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland FL

City & State

Groveland FL

Zip

34736

Country

USA

Zip

34736

Country

USA

600151474286
04/21/09--01022--025 **458.75

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

April 18, 2006

5. FEI Number
20-4883866

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nadia Devi Kishunlal

Street Address (P.O. Box Number is Not Acceptable)
411 SR 33 South

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 16/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Besham Kishunlal	411 SR 33 South	Groveland FL 34736
Secretary	Bridge Kishunlal	411 SR 33 South	Groveland FL 34736

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Bridge Kishunlal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2009

Date

352-396-9575

Daytime Phone #