


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000115742</b>	
1. Entity Name <b>R &amp; K PATEL FLORIDA, INC.</b>	

**FILED**

09 JUN -2 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>880 WEST PENSACOLA ST TALLAHASSEE, FL 32304</b>	Mailing Address <b>17890 BLUE STAR HIGHWAY QUINCY, FL 32351</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>853 eagle view dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Tallahassee FL</b>
City & State	City & State
Zip	Country
Country	Zip, <b>32311</b> Country <b>Lea.</b>

06022009 REIN-P CR2E098 (1/07)

4. FEI Number <b>20-5490385</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>PATEL, AMIBEN A 880 WEST PENSACOLA ST TALLHASSEE, FL 32304</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATEL, AMIBEN A 853 EAGLE VIEW DR TALLAHASSEE, FL 32311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT**

**08-09**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Am Patel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/09

850 491 5695

Date Daytime Phone #