

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO6000118455

1. Corporation Name

SINGH & SETHI INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 PM 12:19

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

1424 SE 21st

Suite, Apt. #, etc.

CAPE

City & State

CAPE CORAL FL

Zip

33990

Country

USA

3. Mailing Office Address

Same (Change)

Suite, Apt. #, etc.

PA address no good

City & State

Zip

Country

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/2006

5. FEI Number

83-0464672

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 DASHMESH S SETHI

Street Address (P.O. Box Number is Not Acceptable)

1424 SE 21st

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

☒ 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

Dashmesh Sethi

REGISTERED AGENT MUST SIGN

Date

08/10/09

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
P	DASHMESH SINGH SETHI	1424 SE 21st	Cape Coral FL 33990
VP	JASVINDER BEDI	3526 SW 17th AVE	Cape Coral FL 33914
VP	BINA SINGH	1817 SW 49th TR	Cape Coral FL 33914

REINSTATEMENT 07-09 KS

400159425724
08/10/09 01046 012 **300.00

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:

Dashmesh Sethi

DASHMESH S SETHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/09

Date

234-898
-7805

Daytime Phone #

400159425724
08/11/09--01004--019 **150.00