

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 JAN 12 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000123173

1. Corporation Name

Sanjay Ent of Palm Beach, Inc.

100140379301  
01/12/09--01064--014 \*\*1050.00

**REINSTATEMENT 07-09**  
CR2E081 (12/08)

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

911 S. Federal Highway

Suite, Apt. #, etc.

Boynton Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL 33435

Zip

33435

Country

Palm Beach

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/25/2006

5. FEI Number

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

David W. Schmidt

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

140 NE 4th Avenue, Suite A

Suite, Apt. #, Etc.

Suite A

City

Delray Beach

State

FL

Zip Code

33483

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

*David W. Schmidt*

REGISTERED AGENT MUST SIGN

Date 1/5/09

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
D	Sanjay Patel	911 S. Federal Highway	Boynton Beach, FL 33435
D	Manisha Patel	911 S. Federal Highway	Boynton Beach, FL 33435

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:

*Sanjay D. Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/09

Date

Daytime Phone #

1/14