

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


**FILED**

2010 MAY -7 P 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800180564758  
05/07/10--01037--014 \*\*450.00

CR2E081 (4/10)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO7000016178

1. Corporation Name

Shri Guru Krupa Smoothies

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

24 SEBASTIAN AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

24 SEBASTIAN AVE.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

Zip

32084.

Country

City & State

ST. AUGUSTINE, FL.

Zip

32084.

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2007

5. FEI Number

20-8420242

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

AMITBHAI - PATEL

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

24 SEBASTIAN AVE.

Suite, Apt. #, Etc.

City

ST. AUGUSTINE,

State

FL

Zip Code

32084

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 4/28/10

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
PST	AMITBHAI PATEL.	24 SEBASTIAN AVE.	ST. AUGUSTINE, FL. 32084.

**REINSTATEMENT**

08-10

10. E-mail Address: PAGALDES1007@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/10