

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000028252

1. Corporation Name

**MAAKALI, INC**

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

**7862 SAINT GILES PLACE**

Suite, Apt. #, etc.

3. Mailing Office Address

**1331 NORTH 14 STREET**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**LEESBURG, FL**

Zip

**32835**

Country

**ORANGE**

Zip

**34748**

Country

**LAKE**

**7. Name and Address of Current Registered Agent**

Name

**JAYSHREE PATEL**

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

**1331 NORTH 14 STREET**

Suite, Apt. #, Etc.

City

**LEESBURG**

State

**FL**

Zip Code

**34748**

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

*Jayshree Patel*

REGISTERED AGENT MUST SIGN

Date 10/31/08

**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
PS	JAYSHREE PATEL	1331 NORTH 14 STREET	LEESBURG, FL 34748

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:

*Jayshree Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/08

Date

Daytime Phone #

FILED  
08 NOV -4 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400137622044  
11/04/08--01035--006 \*\*150.00

REINSTATEMENT  
CRZE08 (10/08)

08

4. Date Incorporated or Qualified To Do Business in Florida

03/05/2007

5. FEI Number  
20-8655605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.

11/500