

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 JUN 23 AM 10:49

DOCUMENT # 907000044964

1. Corporation Name

HARI-DARSHAN INC

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

4390 N WIRE RD

Suite, Apt. #, etc.

City & State

OCALA, FL 34475

Zip

34475

Country

USA

3. Mailing Office Address

4390 N WIRE RD

Suite, Apt. #, etc.

City & State

OCALA, FL 34475

Zip

34475

Country

USA

300368791763

06/23/21--01022--004 **1550.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2007

5. FEI Number

33-1161953

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

RUGNESH PATEL

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

2010 NE 14TH ST

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

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

x R. Patel

Date 06/17/2021

REGISTERED AGENT MUST SIGN

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	RUGNESH PATEL	2010 NE 14TH ST	OCALA FL 34470

10. E-mail Address: rugnesh2424@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

x R. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/2021

Date

201-920-3626

Daytime Phone #