

# 2016 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P14000034003

1. Entity Name  
KRUTI SHIVAM INC



16 NOV 14 PM 1:20

SECRET  
FALL OF 2014 - FLORIDA

Principal Place of Business  
1277 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344 US

Mailing Address  
2072 SW 66TH DRIVE  
GAINESVILLE, FL 32607 US  
1277 S. Jefferson St  
Monticello, FL 32344



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

11142016 REIN-P CR2E098 (12/11)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, PURVI D  
2702 SW 66TH DRIVE  
GAINESVILLE, FL 32607

1277 S. Jefferson St  
Monticello, FL 32344

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*[Signature]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2017, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME PATEL, PURVI D  
STREET ADDRESS 1277 S. Jefferson St  
CITY- ST- ZIP 2072 SW 66TH DRIVE  
GAINESVILLE, FL 32607

TITLE  
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*[Signature]*

Dhamu1977@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS



Corporations

Reinstatement

Payments

Activity



cerico

Tools

## Annual Report Filing History

Search By Document ID

P14000034003

Search

### Session

Transaction ID	Description	Filing Stage	Session Start Date	
<a href="#">p14000034003-2ecd6393-3c65-44b2-85a2-a6b47499fcab</a>	Session file for P14000034003 with last modified date of 4/28/2015 11:58:18 AM Eastern Standard Time	Success	4/28/2015 11:52:40 AM	Save
<a href="#">p14000034003-c044a2f0-ebc1-499a-bdeb-8cefd998e7e2</a>	Session file for P14000034003 with last modified date of 1/28/2016 11:15:16 AM Eastern Standard Time	PaymentPage	1/28/2016 11:11:21 AM	Save Generate Voucher
<a href="#">p14000034003-re-3505a957-7b16-4664-bf55-bf68e2aec763</a>	Session file for P14000034003 with last modified date of 11/9/2016 2:30:45 PM Eastern Standard Time	Edit	11/9/2016 2:30:45 PM	Save
<a href="#">p14000034003-re-95369e6c-22e2-4e95-a32a-295d98a7d5fe</a>	Session file for P14000034003 with last modified date of 11/14/2016 10:53:26 AM Eastern Standard Time	FinalReview	11/14/2016 10:53:06 AM	Save

### Transactions