

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 12:03

DOCUMENT # P93000034556

1. Corporation Name

MAHADEV, INC.

Principal Place of Business

Mailing Address

1839 WAGON WHEEL CIRCLE
TALLAHASSEE FL 32311

1839 WAGON WHEEL CIRCLE
TALLAHASSEE FL 32311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1993

5. FEI Number

59-3181469

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	PATEL, GIRISH	1839 WAGON WHEEL CIR	TALLAHASSEE FL
P	PATEL, SHARMISTHA	1839 WAGON WHEEL CIR	TALLAHASSEE FL

100004655241--9
-10/26/01--01067--005
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

GIRISH, PATEL
1839 WAGON WHEEL CIRCLE
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AD

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Sharmistha Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

(850) 878-3929

Daytime Phone #

FLORIDA DEPT. OF STATE
Secretary of State
Division of Corporations

MAHADEV INC.
1839, WAGON WHEEL CIRCLE E.
TALLAHASSEE, FL: 32317.
(850) 878-3927 / (850) 570-8590

RE: DID NOT RECEIVE ANY PRIOR NOTICES.

DEAR SIR/MADAM,

This is regards to the reinstatement notice I have received for our corporation. ~~we~~ we did not receive any prior notices until this one, Please help us to continue this corporation and here with as per the telephone conversation I am mailing the filing fees of \$150.00.

Please call me if there are any question.

Thankyou.
Phanishe Patel.
President.