

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P93000052372

1. Corporation Name

Surya, Inc.

W01-22542

REINSTATEMENT 00-61

2. Principal Office Address

Hampton Inn

Suite, Apt. #, etc.

3709 S. S. Ferdon

City & State

Grestview, FL

Zip

32536

Country

US

3. Mailing Office Address

333 Miracle Strip Pkwy

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

US

SE

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/93

5. FEI Number

59-3198280

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

Naresh Patel

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

1029 Hwy 98 E

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

100004706181-6

-12/05/01--01058-008

***\$900.00 ***\$900.00

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

REGISTERED AGENT MUST SIGN

Date

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
D	Pravin Chauhan	100 Miracle Strip Pkwy	Ft Walton Bch, FL 32548
S	Hansukh P Chauhan	209 Miracle Strip Pkwy	Ft Walton Bch, FL 32548
P	Narendra Patel	1029 Hwy 98 E	Destin, FL 32541

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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/18/01

850.837.4667