

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052372

1. Corporation Name

Surya, Inc.

3709 S. Ferdon Blvd
333 Miracle Strip Pkwy SE

2. Principal Office Address
3709 S. Ferdon Blvd

3. Mailing Office Address
333 Miracle Strip Pkwy SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Crestview, FL

City & State
Fort Walton Beach, FL

Zip
32536

Country
Unites States

Zip
32548

Country
United States

REINSTATEMENT 02-04

MRD

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/27/1993

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

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**

[Signature]

Date 11-30-04

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
D	Pravin Chauhan	100 Miracle Strip Pkwy	Fort Walton Beach, FL 32548
S	Hansukh P. Chauhan	209 Miracle Strip Pkwy	Fort Walton Beach, FL 32548
P	Narendra Patel	1029 Hwy 98 E.	Fort Walton Beach, FL 32541

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12/03/04--01033--005 **1050.00

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)(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:

[Signature] Narendra Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-04
Date

850-689-2378
Daytime Phone #

CR2E081 (01/04)