

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060102

1. Corporation Name

Karan of Ocala, Inc.

Principal Place of Business

Mailing Address

2319 SE 30TH PLACE  
OCALA, FL 34471-6192

SAME

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

2. New Principal Office Address, If Applicable

2319 SE 30TH PLACE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2319 SE 30TH PLACE

Suite, Apt. #, etc.

City & State

OCALA, FL 34471-6192

Zip

34471

Country

MARION

City & State

OCALA, FL 34471-6192

Zip

34471

Country

MARION

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1993

5. FEI Number

59-3198319

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	GAEKWAD, DIGVIJAY L	2319 SE 30TH PLACE	OCALA, FL 34471
			400002618274--7
			-08/18/98--01007--014
			****900.00 ****900.00

REINSTATEMENT

97-980  
12/1/98  
8/11/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name	DIGVIJAY GAEKWAD	
	Street Address (P.O. Box Number is Not Acceptable)	2319 SE 30TH PLACE	
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	OCALA	FL	34471

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.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date 8-10-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-98

Date

(352) 629 4005

Daytime Phone #

CR2040 (1/98)