

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 NOV 25 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000072049**

1. Corporation Name

**NEEJAL CORPORATION**

Principal Place of Business

400 NORTH MAIN ST.  
KISSIMMEE FL 34741

Mailing Address

400 NORTH MAIN ST.  
KISSIMMEE FL 34741

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 149428

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32814-9428

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1993

5. FEI Number

59-3208829

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PATEL, VIRENDRA	5175 WARRIOR LANE	KISSIMMEE FL 34740
D	PATEL, BIPINCHANDRA	5175 WARRIOR LANE	KISSIMMEE FL 34740
			200002016542--7 -12/02/96--01005--018 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

THAKKAR, HEMENDRA  
1080 WOODCOCK RD.  
SUITE 285  
ORLANDO FL 32803-3514

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

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/19/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/96

(407) 935-0972  
Daytime Phone

CR25340 (7/96)