

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P93000077079

1. Corporation Name

PLATINUM, INC.

Principal Place of Business

Mailing Address

301 S. STATE RD 7
PLANTATION FL 33317

301 S. ST. RD 7
PLANTATION, FL 33317

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

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	RAMCHANDANI, RAMESH C.	301 S STATE RD 7	PLANTATION FL 33317
P	DEONARAIN RAMCHARRAN	301 S STATE RD 7	PLANTATION FL 33317

0000002786350-1
-02/24/99-01110-017
***\$00.00 ***\$00.00

0000002786350-1
-02/24/99-01110-018
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMCHANDANI, RAMESH C.
301 S. ST. RD. 7
PLANTATION FL.

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

Ramesh Ramchandani

REGISTERED AGENT MUST SIGN

Date 2/3/99

2-22-99

11. This corporation owes 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:

Ramesh Ramchandani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMESH RAMCHANDANI

2/3/99

Date

954-791-6416

Daytime Phone #

CR2E081 (12/98)