

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

98 DEC 17 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022532

1. Corporation Name

MAHAL RESTAURANT INC.

Principal Place of Business

25000 US HWY 19 N.
5100 E BAY DR CLEARWATER
SUITE 404
CLEARWATER FL 34624-5701 FL 33763

Mailing Address

25000 US HWY 19 N.
5100 E BAY DR CLEARWATER
SUITE 404
CLEARWATER FL 34624-5701 FL 33763

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

25000 US HWY 19 North
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Zip

Country

Zip

Country

33763

PINELLAS

4. Date Incorporated or Qualified
To Do Business In Florida

03/21/1994

5. FEI Number

50-2232680

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)

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
P	SHARMA, NARESH D.	5100 E BAY DR - #404 25000 US HWY 19 N.	CLEARWATER FL 33763
T	SHARMA, MADHU	5166 EAST BAY DR 25000 US HWY 19 N.	CLEARWATER FL 33763
S	SHARMA, RUCHI	7963 HARWOOD RD	SEMINOLE FL 33777
			000002720810--7 -12/23/98--01049--012 ***150.00 ***150.00
			12/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHARMA, NARESH D 25000 U.S. HWY 19 N.
5100 EAST BAY DR CLEARWATER,
CLEARWATER FL 34624-5701 FL 33763

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

MADHU SHARMA REQUIRED

REGISTERED AGENT MUST SIGN

Date 12.15.98

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: NARESH D SHARMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.15.98
Date Daytime Phone #

CR2E040 (8/98)

This form was mailed to
a wrong address and we
received it a week ago.
Please correct our address
in your files.

Thank you.

New Address

25000 U.S.-19-NORTH
CLEARWATER,
FLORIDA - 33768

Ph: (727) 723-1117