

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 24 PM 3:43

DOCUMENT # **P94000077123**

1. Corporation Name

DOSHI, INC.

Principal Place of Business

Mailing Address

5649 CAGLE ROAD
 JACKSONVILLE FL 32216

5649 CAGLE ROAD
 JACKSONVILLE FL 32216



REINSTATEMENT 99-00

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

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3271790

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	DOSHI, MAHESH N	5649 CAGLE ROAD	JACKSONVILLE FL 32216
D	DOSHI, JITENDRA	5649 CAGLE ROAD	JACKSONVILLE FL 32216

200003297002--0
 -06/20/00--01042--019
 ****900.00 ****900.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOSHI, MAHESH N.
 5649 CAGLE ROAD
 JACKSONVILLE FL 32216

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

Handwritten signature
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

5-10-00

11. 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:

Handwritten signature
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHESH N. DOSHI

5-10-00
 Date

(904) 733-3890
 Daytime Phone #

CR200 (1-1)