

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 JAN 15 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PH40000887164**

1. Corporation Name  
**MUKESH MARKETS CORPORATION**

Principal Place of Business  
**255 Hidden Springs Circle  
Kissimmee, FL 34743**  
Mailing Address  
**(Same)**  
**400002061814--2**  
**-01/17/97--01029--019**  
**\*\*\*\*575.00 \*\*\*\*575.00**

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 Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida   |  |
| Suite, Apt. #, etc.                            |  | P.O. Box 747<br>Suite, Apt. #, etc.   |  | December 7, 1994  |  |
| City & State                                   |  | City & State                          |  | 5. FEI Number   |  |
| Zip  |  | Zip                                   |  | 59-3283374-102  |  |
| Country  |  | Country                               |  | Applied For   |  |
|  |  | Loughman, FL                          |  | Not Applicable  |  |
|  |  | 33858                                 |  | USA   |  |
|  |  |                                       |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip                  |
|----------|-----------------------------------|---|-------------------------------------|
| D        | Bhaskarbhai M. Patel              | 61/63 Hamlet Ct. Road   | Westcliffe-on-Sea Essex SS0 7EY, UK |
| D        | Balkrishna M. Patel               | 61/63 Hamlet Ct. Road   | Westcliffe-on-Sea Essex SS0 7EY, UK |
| D        | Prihben B. Patel                  | 61/63 Hamlet Ct. Road   | Westcliffe-on-Sea Essex SS0 7EY, UK |
| D        | Sahgiha M. Patel                  | 61/63 Hamlet Ct. Road   | Westcliffe-on-Sea Essex SS0 7EY, UK |
|          |                                   |   |                                     |
|          |                                   |   |                                     |

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

James R. Lavigne  
5401 S. Kirkman Road, Suite 500  
Orlando, FL 32819

9. Name and Address of New Registered Agent

Name  
**Chris Harwood**  
Street Address (P.O. Box Number is Not Acceptable)  
**3322 Bishop Park Drive, #632**  
Suite, Apt. #, Etc.  
**#632**  
City  
**Winter Park**  
State  
**FL**  
Zip Code  
**32792**

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  
**CHRIS HARWOOD** REGISTERED AGENT MUST SIGN

Date **12/16/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

**400002061814--2**  
**-01/17/97--01029--020**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**  
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

**Bhaskarbhai M. Patel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/96

Date

Daytime Phone #

CR2E040 (12/95)