

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000088764**

1. Corporation Name

MUKESH MARKETS CORPORATION

Principal Place of Business

PO BOX 747
LOUGHMAN FL 33858
US

Mailing Address

P.O. BOX 747
LOUGHMAN FL 33858

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

2. New Principal Office Address, If Applicable

Sangita Patel
Suite, Apt. #, etc.
6205 Lake Willson Rd
City & State
Davenport FL
Zip
33837 Country

3. New Mailing Office Address, If Applicable

Sangita Patel
Suite, Apt. #, etc.
6205 Lake Willson Rd
City & State
Davenport FL
Zip
33837 Country

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1994

5. FEI Number

59-3283374

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	4 City / State / Zip
D	PATEL, BHASKARBHAI M	61/63 HAMLET CT RD, WESTCLIFFE-O	ESSEX S90 7EY
D	PATEL, BALKRISHNA M	61/63 HAMLET CT ROAD, WESTCLIFFE	ESSEX S90 7EY
D	PATEL, PRMBEN B	61/63 HAMLET CT CR, WESTCLIFFE-O	ESSEX S90 7EY
D	PATEL, SANGITA M <i>Sangita</i>	61/63 HAMLET CT ROAD, WESTCLIFFE	ESSEX S90 7EY
			000003032600--3 -11/02/99--01074--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SMALLEY, WAYNE
7851 APRILWOOD COURT
#632
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name **SANGITA PATEL**

Street Address (P.O. Box Number is Not Acceptable)

6205 LAKE WILLSON RD.

Suite, Apt. #, Etc.

City *Davenport*

State **FL**

Zip Code **33837**

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]

REGISTERED AGENT MUST SIGN

Date **10-21-99**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-99

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 5:49



REINSTATEMENT **99**

CR23040 (8/99)