

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **950000000501**

1. Corporation Name

PURI & SONS, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

2330 SALZEDO STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2330 SALZEDO STREET

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01-04-1995

5. FEI Number

65-0548084

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)

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
PD	CHAND PURI	2330 SALZEDO STREET	CORAL GABLES, FL 33134
SD	KANVAR D. PURI	2330 SALZEDO STREET	CORAL GABLES, FL 33134
TD	KRISHIN D. PURI	2330 SALZEDO STREET	CORAL GABLES, FL 33134

98-99 B. AR

800002893038--8

06/02/99--01084--006

******300.00 ****300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAND PURI

2330 SALZEDO STREET

CORAL GABLES, FL 33134

Name

CHAND PURI

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

2330 SALZEDO STREET

Suite, Apt. #, Etc.

City

CORAL GABLES

State, Zip

FL 33134

10. I am appointing the registered agent of the above named corporation, or an individual with and accept the conditions of Section 607.04(1)(F).

Signature of
Registered Agent

C. Puri

REGISTERED AGENT MUST SIGN

Date

4-17-1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

See the applicable
statute for details.

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 607.04(1)(F). If the corporation is being dissolved, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04(1)(F), the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.04(1)(F). This information is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

C. Puri

CHAND PURI

4/17/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[REDACTED] & SONS, INC.

Monty's

2330 Salzedo Street
Coral Gables, FL 33134

April 27, 1999

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Department of State
Division of corporations
409 East Gaines Street
Tallahassee, FL 32399

Reg: Annual Report- Reinstatement

Dear Sir/Madam:

Please note that since we moved from our previous location we did not receive the annual report. This is despite the fact several address change orders were placed with the postal service. Further to complicate the issue our corporate attorney has also moved and did not advise us of any necessary steps that must be taken to ensure filing of annual report on a timely basis.

Kindly abate the penalty. A check in the amount of \$300.00 is enclosed herewith.

Thank you very much.

Sincerely


Chand Puri
President