

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96
REINSTATEMENT



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

DOCUMENT # **P95000013858**

1. Corporation Name
VISHRAM, INC.

FILED

96 NOV -7 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
108 EAST CENTRAL BLVD.
CAPE CANAVERAL FL 32920

Mailing Address
108 EAST CENTRAL BLVD.
CAPE CANAVERAL FL 32920



REINSTATEMENT 96

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 02/09/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> General For <input type="checkbox"/> Non-Resident	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip	Country	Zip	Country		

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
VD	PATEL, SHANTILAL	125 HARDWAY DR.	GOODLETTSVILLE TN 37072
SD	PATEL, VIKRAM	108 EAST CENTRAL BLVD.	CAPE CANAVERAL FL 32920
D	PATEL, DHIRUNAN	125 HARDWAY DR.	GOODLETTSVILLE TN 37072
P/S	PATEL HARSHAD	108 E Central Blvd	Cape Canaveral FL 32920

8. Name and Address of Current Registered Agent PATEL, HARSHAD I 108 EAST CENTRAL BLVD. CAPE CANAVERAL FL 32920		9. Name and Address of New Registered Agent Name 500002003825--8 Street Address (P.O. Box Number is Not Acceptable) 11/13/96 81185-032 Suite, Apt. #, Etc. 500002003825--8 City 11/13/96 01185-033 State FL Zip 32920	
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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 REQUIRED Date 9-17-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: SIGNATURE REQUIRED Date 9-17-96 Daytime Phone # 407-783-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR