

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 FEB -9 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

7950000 62368

1. Corporation Name

Ganesham Shivam Associates, Inc.

Principal Place of Business

**4962 Ebensburg Dr.
Tampa Palms
Tampa, Florida-33647.**

Mailing Address

**P.O.Box- 280071
Tampa Florida-33682.**

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

August 14, 1995.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2213070.

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Maresh C.Saraswat.	4962 Ebensburg Dr. Tampa palms Tampa.	Florida-33647.
S	Manju Saraswat	4962 Ebensburg Dr. Tampa Palms Tampa.	Florida-33647.
D	Manish Saraswat.	4962 Ebensburg Dr. Tampa Palms Tampa.	Florida-33647.
T	Shalini Saraswat.	4962 Ebensburg Dr. Tampa Palms Tampa.	Florida-33647.

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8. Name and Address of Current Registered Agent

**Maresh C.Saraswat.
4962 Ebensburg Drive
Tampa Palms
Tampa, FL-33647.**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002425520--0

-02/09/98--01130--001

*****1111 State Zip Code*** 1058.75**

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

Maresh C. Saraswat
02/06/98

REGISTERED AGENT MUST SIGN

Date **Feb. 6, 1998.**

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:

Maresh C. Saraswat 02/06/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Maresh C.Saraswat) Feb. 6, 1998.

Date 813-969-1036.

CR2040 (12/95)