

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064821**

1. Corporation Name

**C & N O & Ocala,**

2. Principal Office Address

**2425 NW 10th St.**

Suite, Apt. #, etc.

City & State

**Ocala, FL.**

Zip

**34475**

Country

**Mexico**

3. Mailing Office Address

**448 NE 53RD ST.**

Suite, Apt. #, etc.

City & State

**Ocala, Florida**

Zip

**34479**

Country

**Mexico**

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8-21-95**

5. FEI Number

**59-3331229**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**NILESH C. PATEL,**

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

**448 NE 53RD ST.**

Suite, Apt. #, Etc.

City

**Ocala,**

State

**FL**

Zip Code

**34479**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-19-03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	PATEL, NILESH C.	448 NE 53RD ST	Ocala, FL. 34479

10. 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

**10-19-03**

Date

**352-629-2435**

**352-817-6445**

Daytime Phone #

CR2E081 (10/02)

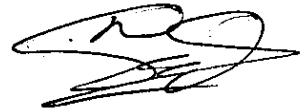
C&N of Ocala, Inc.  
2425 N.W. 10th Street  
Ocala, Florida 34475  
(352) 629-2435  
(352) 817-6445

Document # P95000064821

We have sent in a change of  
Address with our Renewal on 1-8-02.  
Some Reason you have not change our  
Address & Sent Renewal Papers to old address.  
Please Wave late fee if any.

Thank you.

NILESH C. PATEL,



10-19-03.

Attached is a New Address with ck. \$158.75  
For Renewal. NEW Add.

448 NE 53RD ST.  
Ocala, FL 34479.

Any question, Please call me. at.  
352-817-6445