

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

98 NOV 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000079127**

1. Corporation Name

THE SILK ROUTE, INC.

Principal Place of Business

Mailing Address

18705 PEPPER PIKE
LUTZ FL 33549

18705 PEPPER PIKE
LUTZ FL 33549

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

3105 BAY TO BAY BLVD

3105 BAY TO BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 7

SUITE #7

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33629

33629

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
10/16/1995

5. FEI Number
65-0617878

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
D	SASTRY, LAKSHMI	18705 PEPPER PIKE	LUTZ FL 33549
D	REDDY, VIJAYLAKSHMI	434 WATERFORD CIRCLE	TARPON SPRINGS FL 34689

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SASTRY, LAKSHMI
18705 PEPPER PIKE
LUTZ FL 33549

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98

Date

(813) 832-1805

Daytime Phone #

CR2E040 (9/98)