PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC -8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000092743**

1. Corporation Name

NATHA GOVAN INC.

Principal Place of Business	Mailing Address
2345 S W 13TH STREET GAINESVILLE FL 32608 US	2345 S W 13TH STREET GAINESVILLE FL 32608 US

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/06/1995

5. FEI Number: 59-3361003 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PATEL, AMRUTAL N	1000 S BAY ST	EUSTIS FL
VD	PATEL, NIRMALA A.	1000 S BAY ST	EUSTIS FL
SD	PATEL, SANJAY Z	2345 SW 13TH ST	GAINESVILLE FL
TD	PETEL, PIYUSH J	1051 LAKESHORE BLVD	TAVERES FL

900003509329--4
-12/20/00--01083--021
****600.00 ****600.00

900003509329--4
-12/20/00--01083--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent

JOHNSON, CARL L
~~2731 N.W. 41ST STREET~~
~~SUITE B-3~~
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4421 N.W. 39th Avenue
Suite, Apt. #, Etc.: Bldg 1, Suite 2
City: Gainesville State: FL Zip Code: 32606

CR2E040 (8/00)

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: 11/1/00
REGISTERED AGENT MUST SIGN

11. 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 SANJAY Z PATEL 11/1/00 352 373-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009068 AF