

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 23 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000001486

1. Corporation Name

SHRI GUNAPATI, INC.

2. Principal Office Address

1801 W. CERVANTI ST.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip
32501

Country
USA

3. Mailing Office Address

801 W. CERVANTI ST.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip
32501

Country
USA

REINSTATEMENT

04-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-01-1996

5. EEL Number

59-3357048

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

ASHOK H. PATEL

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

1801 W. CERVANTI ST.

Suite, Apt. #, Etc.

City

PENSACOLA

State
FL

Zip Code
32501

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**

Date **10-20-2006**

REGISTERED AGENT MUST SIGN

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
PD	ASHOK H. PATEL	1801 W. CERVANTI ST.	PENSACOLA, FL 32501
D	USHA A. PATEL	1801 W. CERVANTI ST.	PENSACOLA, FL 32501

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10/23/06--01019--011 **1058.75

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 contained in Chapter 119, 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:

ASHOK H. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-206

Date

850-434-1301

Daytime Phone #