

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 MAY -8 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000010931

1. Corporation Name

Hari-Ohm, of St. Augustine, Inc.

Principal Place of Business

Mailing Address

890 West King Street  
St. Augustine, FL 32095

890 West King Street  
St. Augustine, FL 32095

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

~~890 West King Street~~  
Suite, Apt. #, etc.

~~890 West King St.~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

2/5/96

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

~~St. Augustine, FL~~  
32095

~~St. Augustine, FL~~  
32095

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Kaushik B. Patel	229 Covino Avenue	St. Augustine, FL 32095

800002521058--B  
-05/12/98--01104--015  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kaushik B. Patel  
229 Covino Avenue  
St. Augustine, FL 32095

Name

David B. Ferebee, Esquire  
Street Address (P.O. Box Number is Not Acceptable)

503 East Monroe Street  
Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

*Kaushik Patel*

REGISTERED AGENT MUST SIGN

Date

5-5-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kaushik Patel* PATEL KAUSHIK B. 5/4/98

Date

Daytime Phone #

CR20040 (12/96)