

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P96000015003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:38

DOCUMENT # **P96000015003**

1. Corporation Name

CHANDNI, INC.

9/24/99

2. Principal Office Address

11606 WILLIAMS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

11606 WILLIAMS ROAD

Suite, Apt. #, etc.

City & State

THONOTOSASSA, FL

Zip

33592

Country

U.S.A.

City & State

THONOTOSASSA, FL

Zip

33592

Country

U.S.A.

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

2/96

5. FEI Number

59-336 3852

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

NAYNA . PATEL

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

11606 WILLIAMS ROAD

Suite, Apt. #, Etc.

City

THONOTOSASSA, FLORIDA

State

FL

Zip Code

33592

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**

Nayna Patel

REGISTERED AGENT MUST SIGN

Date 2/21/00

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
PRESIDENT	JALARAM PATEL	11606 WILLIAMS RD THONOTOSASSA, FL, 33592	THONOTOSASSA, FL, 33592
SECRETARY	NAYNA PATEL	11606 WILLIAMS RD	THONOTOSASSA, FL, 33592
R.AGENT	NAYNA PATEL	11606 WILLIAMS RD	THONOTOSASSA, FL, 33592

REINSTATEMENT 1999-2000

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:

Nayna Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

813-986-9220

Daytime Phone #

CP2E081 (9/99)