

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P960000263H1**

1. Corporation Name **MADHOVAN CORPORATION**

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**3390. W. Hillsboro Blvd**

**DEERFIELD BEACH**

**DEERFIELD BEACH**

**33442**

**USA**

**7. Name and Address of Current Registered Agent**

Name **ATUL PATEL**

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

**20145- SOUTH KEY DR**

Suite, Apt. #, Etc.

City **BOCA RATON FL 33448** State **FL** Zip Code **33448**

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

*Atul Patel*

REGISTERED AGENT MUST SIGN

Date **04-19-07**

**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
P	ATUL PATEL	20145-SOUTH KEY DR	BOCA RATON FL 33448

**REINSTATEMENT 06-01 B4/26/07**

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:

*Atul Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
2007 APR 23 11:10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500102646175  
05/16/07--01037--027 \*\*300.00  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0671744**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.



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Madhoven Corp.  
3390 W. Hillsboro Blvd Deerfield Beach, FL-33442  
Ph.no (954-480-8480) Fax no. (561-391-5158)  
E-Mail : yogidonut@yahoo.com

Dt.: 04/19/07

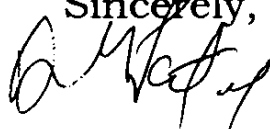
To whom ever it may concern,  
Ref. Number : P6000026341

This in regard with the reinstatement of the Madhoven Corp.

We had not received any letter for the reinstatement of the Madhoven Corp. till date, that's the reason we could not make it for.

Herewith we are sending these documents back with the check as per the conversation with Tyrone Scott for \$ 300.00 & \$ 150.00

If you have any questions in this regard please feel free to contact me or mail me at above mentioned address or call me at 561-310-9860.

Sincerely,  
  
Atul Patel