

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000055093**

1. Corporation Name

KISHAN INC

600006233006--7

-07/05/02--01083--018

*******750.00 *****750.00**

2. Principal Office Address

508 E MEMORIAL BLVD

3. Mailing Office Address

508 E. MEMORIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND - FLORIDA

LAKELAND - FLORIDA

Zip

Country

Zip

Country

33801

POLK

33801

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 1997

5. FEI Number

59-3402-559

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

SUJATA. PATEL

OLD ADDRESS

116 LAKE THOMAS DRIVE

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

5139 LAKE DEESON PT CT

WINTER HAVEN FL-33880

Suite, Apt. #, Etc.

City

LAKELAND - FL

State
FL

Zip Code
33805

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

[Signature]

Date

5/6/02

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
PRESIDENT	SUJATA. PATEL	5139 LAKE DEESON POINT	LAKELAND - FL - 33805
SECRETARY	JITU MEHTA	EDGEMOOR 2127 E WATER CIRCLE	WINTER HAVEN FL - 33880
TREASURER	DILIP AMIN	2540 KNOX DRIVE	ROCKFORD - ILL 61114
Vice PRESIDENT	KSHAMA PATEL	5648 BELLINGHAM DR	ROCKFORD - ILL 61107

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HASH PATEL (GM)

5/6/02

Date

(863) 682-0303

Daytime Phone #

CR2E081 (9/01)



the

Calcour Group inc.

TAMPA BAY OFFICE

21910 Hale Road
Land O' Lakes, FL 34639
Tel: (813) 996-0850
Fax: (813) 996-4350

SIESTA KEY OFFICE

5032 Calle Minorga
Sarasota, FL 34242
Toll free: (888) 948-1510
www.calcour.com

June 21, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear State Officials:

It has recently come to my attention that our corporation status with the State of Florida is "inactive." After contacting your office, we discovered that the address you have on file for us is incorrect. Our annual filing package from your offices were never received by our staff. We are, therefore, requesting that our corporate status be reinstated without penalties.

I have enclosed a check for \$915, as instructed by your staff, for the years we have been inactive. I believe that the records have been adjusted accordingly per my telephone call. Should that not be the case, please change our address on file to that shown on the enclosed application.

Thank you in advance for your prompt cooperation.

Sincerely,

Tammy M. Olivier
Vice President