PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PH 1:15

DOCUMENT # P96000079474 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	EO, INC	· ·						HIUA	
Principal Place of Business Mailing Address									
1205 HYPOLUXO ROAD LANTANA FL 33462			LANTANA FLORAGE 1205 Hypolyro Road Lantana FL 33462						
		incorrect in any way, line th	rough incorrect i	information and enter	correction below.				
New Principal Office Address, if Applicable			3. New Mailing Office Address, If Applicable 1205 Hypoluxo Road			Date Incorporated or Qualified To Do Business in Florida 09/23/1996			
Suite, Apt. #, etc.			Suite, Apt. #, etc. ZANTANA. FZ			5. FEI Number Applied For			
City & State			City & State			65-0704812 Not Applicable			
Zip Country		Zip 33462 Country LS.S./		5.S.A.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo			st 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		t .	City / State / Zip		
DP	PATEL, NIRANJANKUMAR V			1203 HYPOLUXO ROAD			LANTANA FL		
DV	SHARMISTA N, PATEL			1203 HYPOLUXO RD			LANTANA FL 33462		
				•					
				300023982353 10/21/0301118017 **158.75				2353 17 **158.75	
	8 Nam	e and Address of Current	Registered Age	ent .		9 Name and	Address of New Regis	tered Agent	
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
PATEL NIRANJANKUMAR Street Address (P						O. Box Number is Not Acceptable)			
1203 HYPOLUXO ROAD I 2 5 LANTANA FL 33488. Suite, Apt. #, Etc.						Hypo	oluxo Ko	pad.	
					·		Chata Tip Code		
City LAN						State Zip Code FL 33462			
10. I, being	appointed the	e registered agent of the abo	ove named corpo	oration, am familiar wi	ith and accept the ob	ligations of Secti	on 607.0505, F.S. or 61	17.0505, F.S.	
		\ / \	P.		•				
Signature o Registered		1. V. N. Z	ECHSTERED AC	ENT MUST SIGN			Date 0	12/03	
this rein: owed by	statement app the corporati	dication, the reason for disse	olution has been names of individ	eliminated, the corpo uals listed on this for	orate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.0401 or	further certify that when filing 617.0401, F.S., that all fees , F.S. The information indicated	

SIGNATURE: MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

10/12/03 Dept of States Tlozida Deur Siz/Madam, Subj. Documentato 19600019474 Our Ex-Accountant Ras misplaced 02 lost many files and documents. We are investigating everything. But I donot find the any previous So Please forgive us and Help documents. rus in this Big Problem and Waive one penalty. This happen first time. Thanks. Sineezel For C/Video Inc. Wiransankumar PATEL President