

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 OCT 29 PM 2:27

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090199

1. Corporation Name

PAGIDIPATI FAMILY INVESTMENTS, INC.

2. Principal Office Address

2910 SW 7TH AVENUE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34474

Country
USA

3. Mailing Office Address

2910 SW 7TH AVENUE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34474

Country
USA400008640054
10/29/02--01010--010 ***1350.00
REINSTATEMENT 98-024. Date Incorporated or Qualified
To Do Business in Florida

10/30/96

5. FEI Number

☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEVAIAH PAGIDIPATI

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

2910 SW 7TH AVENUE

Suite, Apt. #, Etc.

City

OCALA

State
FLZip Code
34474Please
Sign & Date

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

REGISTERED AGENT MUST SIGN

Date

10/21/02

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	RUDRAMA D. PAGIDIPATI	2910 SW 7TH AVENUE	OCALA, FL 34474
VP	DEVAIAH PAGIDIPATI	2910 SW 7TH AVENUE	OCALA, FL 34474
ST	RAHULDEV R. PAGIDIPATI	2910 SW 7TH AVENUE	OCALA, FL 34474

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in section 607.0505 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Please
Sign & Date