

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-00

DOCUMENT # P97000014540

1. Corporation Name
NILAY PROPERTIES, INC.

Principal Place of Business Mailing Address
3956 W. COLONIAL DRIVE 3956 W. COLONIAL DRIVE
ORLANDO FL 32808 ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/14/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3431532	
Country		Country		Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	DHARMA, ISHWAR J	3956 W. COLONIAL DRIVE	ORLANDO FL 32808

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
YERGEY, DAVID A JR. 211 N. MAGNOLIA AVE. ORLANDO FL 32801		Name SUNIL I DHARMA Street Address (P.O. Box Number is Not Acceptable) 3956 W. COLONIAL DR. Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32808	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent DATE 10/16/00

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: DATE 10/16/00 (407) 297-1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR