

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000035373

1. Corporation Name

SHRI MAHAVIR CORPORATION

2. Principal Office Address

2153 STATE RD 44

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32168

Country

USA

3. Mailing Office Address

2153 STATE RD 44

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32168

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1997

5. FEI Number

593443181

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

SAROJ K. SHAH

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

2153 STATE RD 44

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State
FL

Zip Code
32168

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

Saraj K Shah

Date

10-26-06

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
D	SAROJ K. SHAH	2153 STATE RD 44	NEW SMYRNA BEACH, FL 32168
			400081627584 11/08/06--01027--011 **758.75

REINSTATEMENT — 06

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:

Saraj K Shah

SAROJ K SHAH

10-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 27 2006