

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P- 97000039270**

1. Corporation Name

SRI ENTERPRISES INC

2. Principal Office Address

4855, 1ST AVE SOUTH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE

City & State

Zip

FL

Country

33711

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida.

5. FEI Number

59-344579

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

100003187771-4

Name

RAJENDRA B. PATEL

-03/29/00--01006--027

*****300.00 ***300.00**

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

4855, 1ST AVE SOUTH

Suite, Apt. #, Etc.

8

City

ST. PETE

State

FL

Zip Code

33711

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

R.B. Patel

REGISTERED AGENT MUST SIGN

Date **2-17-00**

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	RAJENDRA B PATEL	1832 MAIVALE AVE E	BRADENTON FL 34208

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:

R.B. Patel

RAJENDRA B PATEL

2-17-00

(941)704-5797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)