

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 OCT -6 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000058449**

1. Corporation Name

VESHNO, INC.

Principal Place of Business

Mailing Address

1881 PALM BAY ROAD, NORTHEAST
PALM BAY FL 32901

1881 PALM BAY ROAD, NORTHEAST
PALM BAY FL 32901

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SATISH SARASWAT	4962 EBENSBURG DR.	TAMPA, FL 33647.
			800003022968--8 -10/22/99--01110--014 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

PRATESI, EMIL G
1253 PARK STREET
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name **SATISH SARASWAT**
Street Address (P.O. Box Number is Not Acceptable)
4962 EBENSBURG DRIVE
Suite, Apt. #, Etc.
TAMPA
City **TAMPA** State **FL** Zip Code **33647**

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

SATISH SARASWAT
REGISTERED AGENT MUST SIGN

Date

10/6/99

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:

SATISH SARASWAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/99 (813) 390-6915
Date Daytime Phone #