

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000071916**

1. Corporation Name

**Rinku Inc**

Principal Place of Business

Mailing Address

**2626 E Bay Isle Dr SE  
St. Petersburg, FL 33705**

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

**8/18/97**

5. FEI Number

**59-3443623**

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
Pres	Bhasker Patel	2626 E Bay Isle Dr	St. Pete, FL 33705
V.P	Rajul Patel	2234 4th St 3	St. Pete, FL 33705
Sec.	Sapna Patel	2626 E Bay Isle Dr	St. Pete, FL 33705

**FINANCIAL STATEMENTS - 4**

**-03/09/99--01016--001**

**\*\*\*900.00 \*\*\*900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<p>Name <b>Sapna Patel</b> Street Address (P.O. Box Number is Not Acceptable) <b>2626 E Bay Isle Dr SE</b> Suite, Apt. #, Etc</p>		<p>City <b>St. Petersburg</b> State <b>FL</b> Zip Code <b>33705</b></p>
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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

**Sapna Patel**

REGISTERED AGENT MUST SIGN

Date

**3/1/99**

11. This corporation owes 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:

**Sapna Patel** (Sapna Patel)

Date

**3/1/99 813-276-1710**  
Daytime Phone #

CR2087 (12/96)