

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 30 AM 9:09

DOCUMENT # **P97000071916**

1. Corporation Name

RINKU INC

2. Principal Office Address

2626 E BAY ISLE DR

Suite, Apt. #, etc.

ST.

City & State

FL

ST. PETERSBURG

Zip

33705

Country

PINELLAS

3. Mailing Office Address

2234- 22nd AVE S.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

Zip

33705

Country

PINELLAS

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3463623

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

BHASKER. M. PATEL

200003958822-1

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

2626 E BAY ISLE DR

-04/04/01 -01061-008

******900.00 ****900.00**

Suite, Apt. #, Etc.

ST. PETERSBURG.

City

ST. PETERSBURG.

State
FL

Zip Code

33705

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

REGISTERED AGENT MUST SIGN

Date **3/28/01**

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

BHASKER PATEL

2626 E BAY ISLE DR SE

ST. PETERSBURG FL 33705

Vice President

RAJUL PATEL

242 20th Ave S

ST PETERSBURG FL 33705

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

813-276-1710

Daytime Phone #

CR2E081 (9/00)