

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 17 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074585

1. Corporation Name

SNEHA CORP.

Principal Place of Business

33 NE 2ND ST  
207  
FT LAUDERDALE FL 33301  
US

Mailing Address

33 NE 2ND ST  
207  
FT LAUDERDALE FL 33301  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/1997

5. FEI Number

65-0776539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee to process  
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	4 City / State / Zip
D	DHANANI, SALIM	2900 SW 116 AVE	DAVE FL 33330
D	DHANANI, NASRAIN	2900 SW 116 AVE	DAVE FL 33330

600003061136-6  
-12/06/99--01021--019  
\*FEE\* 750.00 \*FEE\* 750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEFANELLI, MICHELE  
14411 COMMERCE WAY SUITE 310  
MIAMI LAKES FL 33016

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Michele Stefanelli* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/15/99

11. 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25100 (8/99)