	PLICATION FOR	FLORIDA	A DEPARTMEN  Katherine Ha  Secretary of S	arris		APPROVE AND EILEA	a wal	
REINSTATEMENT DISTRICT CORPORATIONS					, included the second			
DOCUMENT # <b>P97000101651</b> 1. Corporation Name - 2					00 OCT 24 AM 9: 31			
SHIVA CHOCOLATES, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address								
2614 N 9TI STE 214 NAPLES FL US		2614 N 9TH ST STE 214 NAPLES FL 34103 US						
2. New Prir	ncipal Office Address, If Applicable	3. New Maili	gh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable POBOX - 3454  Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     12/01/1997		
Sinte, Apt.	<u> </u>	UN		<u> </u>	5. FEI Number	T + '	Applied For	
City & State	(ON N)	City & State	83		6.	58-2359501	Not Applicable	
<sup>Zip</sup> 07	083 Country USA	Zip	Country	YUSA			Additional Fee required a Certificate of Status	
. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers Title(s) and/or Directors 2			eet Address of Each ficer and/or Director		City / State / Zip		
Р	HIMANSHU, SHARMA	403 PRESCOTT RD			UNION ND 07083			
VP HARSH, SHARMA			2614 N 9TH ST	STE 214	<del></del>	NAPLES FL 34103		
1						90003456159 -8 -11/07/0001121019 ****150.00 ****150.00		
	8. Name and Address of Current F	egistered Age	nt		9 Name and A	address of New Registered A	sent	
Name								
NAPLES FL 34103							. 145 S	
				City	les	State <b>FL</b>	Zip Code 34102	
10. I, being Signature of Registered	Agent	1 C 2 C 2	eration, am familiar wi	ith and accept the ol	bligations of Secti	on 607.0505, F.S. Date	2	
this rein: owed by	that I am an officer or director or the receiv statement application, the reason for dissol the corporation have been paid and the n pplication is true and accurate, and my sig	er or trustee en ution has been ames of individ	npowered to execute eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 617.040	1, F.S., that all fees	
SIGNAT		ITED NAME OF S	HIMANS HT	SINT TO DIRECTOR	<del>ኦ</del> ሳባ	16) 18/2000 (90	8)810 00 90 time Phone #	

0090812

AF

Shiva Chocolates

Finest gourmet chaeclates from Germany

P O Box 3454, Union, NJ 07083 Phone: (908) 810 0090, Fax: (908) 810 0760

October 19, 2000

## **CERTIFIED MAIL**

Florida Department of State Division of Corporations Annual Report reinstatement section P O Box 6327 Tallahassee, FL 32314-6327

Ref: Shiva Chocolates, Inc. 58-2539501

Dear Sir or Madam:

This is in response to the notice we have received that the company is being dissolved due to papers not being filed in a timely fashion. We had not received any forms before this notice nor did we receive any notice earlier for non-compliance before this. In addition, recently we had sent a communication for change in the name for the corporation, which was also acknowledged, but we were not informed of any return not being filed.

This is an oversight and we do apologize for the delay. We would greatly appreciate if the corporation is not penalized or dissolved based on the above grounds. We have enclosed a check in the amount for \$150.00 for the corporate filing fees. If there are any additional questions or please do not hesitate to contact me at your convenience.

Thank you for your help and time.

Sincerely,

Himanshu Sharma