

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



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

FILED

00 MAR -2 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P- 98000012489**

1. Corporation Name

**GIANT INVESTMENT ENTERPRISES
INC**

2. Principal Office Address

1832, MANATEE AVE

Suite, Apt. #, etc.

3. Mailing Office Address **1832,**

MANATEE AVE E

Suite, Apt. #, etc.

City & State

BRADENTON

City & State

BRADENTON

Zip

FL

Country

34208

Zip

FL

Country

34208

4. Date Incorporated or Qualified
To Do Business in Florida

Feb-09-98

5. FEI Number

65-081152

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

RAJENDRA PATEL

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

3801 5TH ST E #125

Suite, Apt. #, Etc.

#125

City

BRADENTON

State

FL

Zip Code

34208

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02-10-00**

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	JAYANTI PATEL	3801 5TH ST E #125	BRADENTON FL 34208
VICE PRES	RAJENDRA B PATEL	3801 5TH ST E #125 BRADENTON FL	BRADENTON FL 34208

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]* **RAJENDRA B PATEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

941-745-5922
Daytime Phone #

CR2E081 (9/99)