

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 AM 11:10

DOCUMENT # P98000016799

1. Corporation Name

PATIDAR GROUP INC.

Principal Place of Business

Mailing Address

4590 N. CANYON TR.
HERNANDO FL 34442

4590 N. CANYON TR.
HERNANDO FL 34442



REINSTATEMENT 99

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8016 SW 62nd ST

8016 SW 62nd ST

City & State

City & State

OCALA FL

OCALA FL

Zip
34476

Country

Zip
34476

Country

5. FEI Number

65-0813049

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	4. City / State / Zip
P	PATIDAR, SUNIL S	4590 N. CANYON TR.	HERNANDO FL 34442
			700003046497--1
			-11/17/99--01003--001
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATIDAR, SUNIL S
4590 N. CANYON TR.
HERNANDO FL 34442

Name

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

8016 SW 62nd ST

Suite, Apt. #, Etc.

City
OCALA

State
FL

Zip Code
34476

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 Sunil Patidar

REGISTERED AGENT MUST SIGN

Date 10-30-99

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.

AD

SIGNATURE: Sunil Patidar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #