

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03

DOCUMENT # **P98000037054**

1. Corporation Name

**NIRALI FOOD, INC.**

Principal Place of Business

Mailing Address

2910 STATE ROAD 11  
DELAND FL 32724

2910 STATE ROAD 11  
DELAND FL 32724

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1998

5. FEI Number

59-3511489

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
PS	MEHTA, DHARMIK	2910 S.R. 11	DELAND FL 32724

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEHTA, DHARMIK A  
2910 S.R. 11  
DELAND FL 32724

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

386 822 6949

Daytime Phone #

CH2E040 (7/03)

By Certified Mail  
 NIRALI FOOD, INC.  
 2910 S. R. 11  
 DELAND, FL 32724

October 9, 2003  
 Secretary of State  
 Division of Corporation  
 P.O. Box 6327  
 Tallahassee FL 32314

Ref: Document #200000037054  
 EIN: -59-3511489  
 Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned DHARMIK A. MEHTA, President of NIRALI FOOD INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2003 on the following grounds.

I never received the Annual Filing Form for 2003, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2003 as I did not received the Filing Form for the year 2003. I made a mistake due to lack of knowledge and information & unavoidable circumstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2003 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

*Dharmik A. Mehta*  
 (DHARMIK A. MEHTA)

encl:- as above Ck of \$150