

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 OCT 14 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053037

1. Corporation Name

MARUTI, INC.

Principal Place of Business

375 SOUTH WANKEENAH STREET  
MONTICELLO FL 32344

Mailing Address

375 SOUTH WANKEENAH STREET  
MONTICELLO FL 32344

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

06/12/1998

5. FEI Number

☒ 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
D	VYAS, BHADRESH I	375 SOUTH WANKEENAH STREET	MONTICELLO FL 32344
D	VYAS, NIKHILESH I	375 SOUTH WANKEENAH STREET	MONTICELLO FL 32344

300003018803--8  
-10/19/99--01081--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

VYAS, BHADRESH I  
375 SOUTH WANKEENAH STREET  
MONTICELLO FL 32344

9. Name and Address of New Registered Agent

Name  
NIKHILESH. I. VYAS  
Street Address (P.O. Box Number is Not Acceptable)  
375 S. WANKEENAH ST.  
Suite, Apt. #, Etc.  
MONTICELLO  
City

State  
FL

Zip Code  
32344

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

*[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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE