

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000055623

1. Corporation Name

SHREE RAM CORPORATION OF LAKE WALES

Principal Place of Business

Mailing Address

795 U.S. 27 S.
LAKE WALES FL 33853

795 U.S. 27 S.
LAKE WALES FL 33853

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

06/22/1998

5. FEI Number

59-3518510

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	PATEL, VINOD	795 U.S. 27 S.	LAKE WALES FL 33853
DST	PATEL, VILAS	795 U.S. 27 S.	LAKE WALES FL 33853

000004673010--7
--11/08/01--01072--016
****150.00 ****150.00

BW7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, VINOD
795 U.S. 27 S.
LAKE WALES FL 33853

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/01 (727) 443-0468

CR2E040 (8/01)



Laurel Motel

Deluxe Inn

795 ~~801~~ U.S. 27 South • Lake Wales, Florida 33853 • (863) 676-8667 -

Dear Sir,

I am sending \$ 150.00 for the fee's of Annual Report of corps. Reason I am sending this fee's late, because I ~~didn't~~ did not got the above application in times. When I got this letter or notice, I talk to one of your Agent, he said to me, to send above money. So I am very sorry about to pay late my fees.

Sir, you now ^{that} this year is economy is very bad everywhere, so will you please help me ~~on~~ on tax relief, It is very hard times for small motels I had to get enough revenue, to pay all my bills. Again I ~~am~~ need help from you. So please hear about request for me.

Thanking you Sir,

Yours faithfully,
Vind' later.
(owner)