

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000065927

1. Corporation Name

KAVNISH INC.

Principal Place of Business

Mailing Address

8422 FRONTERA CIRCLE
JACKSONVILLE, FL 32217

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

July 22, 1998

5. FEI Number

59-3601461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	BAKULESH M. PATEL	409 IVY CT.	JAX - FL 32259

000003130070-0
-02/09/00--01099--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEONARD ALTERMAN, ATTORNEY
9116 Cypress Green Drive, Suite 207
Jacksonville, FL 32256

Name

LOUIS DAVID, CPA

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

9141 Cypress Green Drive, #2

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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

Louis David

REGISTERED AGENT MUST SIGN

Date

2/2/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director, 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 grounds 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:

Bakulesh M. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAKULESH M. PATEL

2/1/2000

Date

904-268-1200

Daytime Phone #