

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 30 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067466

1. Entity Name
SHREEGI CORPORATION



Principal Place of Business
5108 MINTON ROAD N2
PALM BAY, FL 32907

Mailing Address
5108 MINTON ROAD N2
PALM BAY, FL 32907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3529326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, VIJAY
5108 MINTON ROAD N2
PALM BAY, FL 32907

Name

Street Address

City

FL

Zip Code

REINSTATEMENT 04-05

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
PATEL, VIJAY
5108 MINTON RD #2
PALM BAY, FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
900049937639
04/05/05--01087--017 ***300.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIJAY PATEL

3/16/05

Date

321-984-8983

Daytime Phone #

292

03-16-05

Florida Department of state
Division of Incorporation

Att: Ruby Dunlap (Document Specialist)

~~Subj:~~

Subj: Shreegi Incorporation

Ref. Number: P98000067466

Letter " 905A00016741

I am writing this letter about the
receiving my Incorporation Sorry. I send the
Payment late because I don't get any information
about the receiving the incorporation. Therefore
I am sending late payment. I send the
\$300/. by N.O. Please accept this and receive
the Incorporation



Thank You.

(VIJAY PATEL)

Shreegi Incorporation

5108, Minton Road NW #2

Palmbay FL 32907