

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068394

1. Corporation Name
BAVA'S, INC.

2. Principal Office Address
9931 KILGORE RD

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32836

Country

3. Mailing Office Address
9931 KILGORE RD

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32836

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/05/1998

5. FEI Number
59-3526885

Applied For
☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
SHAH HARISH

Street Address (P.O. Box Number is Not Acceptable)
9931 KILGORE RD

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32836

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Harish Shah

REGISTERED AGENT MUST SIGN

Date 08/31/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	SHAH HARISH	9931 KILGORE RD	ORLANDO, FL 32836

10. 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:

Harish Shah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08/31/2004

Daytime Phone # 407-921-6441

Date

Daytime Phone #

CR2E081 (01/04)