

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 25 PM 12:46

DOCUMENT #

1. Corporation Name *Royal Madras Cuisine*

P980000 83 245

2. Principal Office Address

1905 SW 13th Street

Suite, Apt. #, etc.

3. Mailing Office Address

6520 NW 50th Lane

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL-32653

Zip

32609

Country

USA

Zip

32653

Country

USA

REINSTATEMENT *99-DU*

**4. Date Incorporated or Qualified
To Do Business in Florida**

-8/05/98-

5. FEI Number

59-3645452

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

Perinichery Narayan

Name

6520 NW 50th Lane

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

Suite, Apt. #, Etc.

Gainesville

City

300003291003-3

-06/15/00--01057--007

****900.00 ***900.00*

State
FL

Zip Code

32653

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

Narayan

Date *05/05/2000*

REGISTERED AGENT MUST SIGN

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
1.	<i>Perinichery Narayan M.D</i>	<i>6520 NW 50th Lane Gainesville, FL-32653</i>	<i>Gainesville, FL-32653</i>

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:

Narayan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/00

Date

(352) 318-2710

Daytime Phone #