

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 NOV 30 PM 2:38

DOCUMENT # **P98000094991**

1. Corporation Name

PANFIN, INC.

2. Principal Office Address

15701 MLK BLVD

Suite, Apt. #, etc.

City & State

ALACHUA

Zip

FL

Country

32615

3. Mailing Office Address

15701 MLK BLVD

Suite, Apt. #, etc.

City & State

ALACHUA

Zip

FL

Country

32615

REINSTATEMENT 08

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 10, '98

5. FEI Number

593544452

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

Pankaj Modi

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

8008 NW 31st Ave.

Suite, Apt. #, Etc.

608

City

Gainesville

State

FL

Zip Code

32606

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **11.29.00**

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
President	PANKAJ R. MODI	8008 NW 31st Ave #608 Gainesville FL-32615	Gainesville FL-32606
V.P.	MEENA S. SHAH	8008 NW 31st Ave #608	Gainesville FL-32606

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pankaj Modi

10.26.00

Date

904-462-5501

Daytime Phone #

CR2E081 (9/99)