

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

P99000007689

FILED

01 MAR 14 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Tirupati Enterprise INC.

9/22

2. Principal Office Address

9521 South . O . B . T . Orlando

Suite, Apt. #, etc.

101

City & State

Orlando, Florida 32837

Zip

Country

32837

U.S.A.

3. Mailing Office Address

9521 South . O . B . T . Orlando

Suite, Apt. #, etc.

City & State

Orlando, Florida 32837

Zip

Country

32837

U.S.A.

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

1/26/99

5. FEI Number

59-3553154

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

JAYESH KUMAR Patel

600003912726

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

3205 SMOKE Signal circle

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

Jayesh Patel

REGISTERED AGENT MUST SIGN

Date 3/3/01

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
STP	JAYESH Patel	3205 SMOKE Signal circle	KISSIMMEE, Florida 34746

REINSTATEMENT

2000-2001

MC

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:

Jayesh Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01

Date

(407)812-5626

Daytime Phone #

CR2E081 (9/00)