

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 29 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000020923

1. Corporation Name

SHREE GIRIRAJ, INC.

2. Principal Office Address

2126 NEEDLE PALM DR
Suite, Apt. #, etc.

3. Mailing Office Address

2126 NEEDLE PALM DR
Suite, Apt. #, etc.

City & State

EDGEWATER FL

City & State

EDGEWATER FL

Zip

32141

Country

Zip

32141

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593561516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

PATEL TUSHAR C

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

2126 NEEDLE PALM DR

Suite, Apt. #, Etc.

City

EDGEWATER

State

FL

Zip Code

32141

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

03/28/05

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
PSTD	PATEL TUSHAR C.	2126 NEEDLE PALM DR	EDGEWATER FL 32141

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

Date

3/28/05

Daytime Phone #

386-423-5678

CR2E081 (01/05)

202

SHREE GIRIRAJ, INC
2126 NEEDLE PALM DR
EDGEWATER, FL 32141

MARCH 28, 2005

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

Ref:- Document # P99000020923

Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned TUSHAR PATEL, President of SHREE GIRIRAJ, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2003 & 2004 on the following grounds.

I never received the Annual Filing Form for 2003 & 2004, may be lost in the mail or returned to you due to change in the address. Unfortunately, I never realized that I did not pay annual filing fee for the year 2003 & 2004, as I did not received the from for the year 2003 & 2004. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

I am enclosing herewith the check of \$450.00 being an annual filing fee for 2003/2004/2005 as an exceptional case. I assure you that this is not going to happen in the future. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship on me and my family. Thanking you in advance for your cooperation. Sorry for the inconvenience that may cause to you. Sincerely,


(TUSHAR PATEL)

encl:- as above