

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000046073**

1. Corporation Name

**ROSHNI INVESTMENTS, INC.**

Principal Place of Business

1251 E. SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

Mailing Address

1251 E. SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02



700009612537  
12/20/02--01023--013 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/20/1999

5. FEI Number

65-0921820

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PATEL, VIREN	1251 E. SUNRISE BLVD.	FORT LAUDERDALE FL 33304
D	PATEL, MEHUL	1251 E. SUNRISE BLVD.	FORT LAUDERDALE FL 33304

8. Name and Address of Current Registered Agent

MANDELL, CRAIG J ESQ.  
800 CORPORATE DRIVE, SUITE 510  
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/17/02

11. 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

12/16/02

Daytime Phone #

954-224-6990

CR2040 (8/02)