

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 APR -4 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046558

1. Corporation Name

Shambhar Incorporated.

2. Principal Office Address

793 Northlake Blvd

3. Mailing Office Address

793 Northlake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Bch, Florida

City & State

North Palm Bch, Florida

Zip

33408

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1999

5. FEI Number

65 8927451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

SHAH, DIPIKA

600005308576--1

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

793 Northlake Blvd.

04/13/02 01064-008

****900.00 ****900.00

Suite, Apt. #, Etc.

City

North Palm Bch

State

FL

Zip Code

33408

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

D.K. Shah

REGISTERED AGENT MUST SIGN

Date

4/1/02

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
D	SHAH, DIPIKA	793 Northlake Blvd	North Palm Bch, FL 33408

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:

D.K. Shah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02 (561) 842-8050

Daytime Phone #

CR2ED81 (9/01)