

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

02 FEB 11 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-99-000061701

1. Corporation Name

ANNA PURNA HOSPITALITY CORPORATION

2. Principal Office Address

3800 U.S. HWY. 27

Suite, Apt. #, etc.

3. Mailing Office Address

3800 U.S. HWY. 27

Suite, Apt. #, etc.

City & State

DAVENPORT FL

City & State

DAVENPORT FL

Zip

33837

Country

POLK

Zip

33837

Country

POLK

4. Date Incorporated or Qualified  
To Do Business in Florida

7/12/1999

5. FEI Number

59-3591939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

BHARAT J. PATEL

000005065170--2

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

3800 U.S. HWY. 27

-03/07/02--01078--015

\*\*\*308.75 \*\*\*308.75

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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]*

Date

01/27/02

REGISTERED AGENT MUST SIGN

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 SECRETARY	BHARAT PATEL	3800 U.S. HWY. 27	DAVENPORT FL 33837
TREASURER	DAVESH PATEL	3800 U.S. HWY. 27	DAVENPORT FL 33837
VIC PRESIDENT	PARESH PATEL	115 / LONGFIELD CT.	E. BRUNSWICK NJ 08816

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]*

BHARAT PATEL

01/27/02

863-424-2401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)

# **Annapurna Hospitality Corporation**

3800 US Hwy 27  
Davenport, Fl 33837  
USA

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Phone 863-424-2401  
Fax 863-424-2696

January 25, 2002

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To Whom it may concern,

I was informed to send a reinstatement form along with \$300.00 to have my corporation reinstated. I just found out that it was on inactive status. I had moved to the property that I bought located at 3800 US Hwy 27 Davenport, Fl 33837. I never received a notice about my corporation that would have been sent to Marion Oaks Ocala Fl. Please send further notices to the above address.

Sincerely,



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Bharat Patel

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 14 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000050269  
Magazine Consultants, Inc.

2. Principal Office Address

681 NE Broadview Dr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

P. Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/99

5. FEI Number

65-0929112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required  
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

PAUL ROBINSON, ESQ.

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

1590 NE 162 Street

Suite, Apt. #, Etc.

Suite 200

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

800005065168-8

-03/07/02--01073--014

\*\*\*\*308.75 \*\*\*\*308.75

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

2/12/02

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

P/T NEIL HOFFMAN

681 NE Broadview Dr

Boca Raton, FL 33431

V.P./S Robin Hoffman

681 NE Broadview Dr.

Boca Raton, FL 33431

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]* NEIL HOFFMAN

2/7/02

Date

Daytime Phone #

561-367-8999

CR2E081 (9/00)

pg 202

Marquitta Williams  
St. of FL Dept of ST/DV of Corp  
409 E. Gaines St.  
Tallahassee, FL 32399

Please reinstate my corporation as discussed. When I moved I never received last years registration notice. I have enclosed \$300.00 as well as \$8.75 (for certificate) for the year 2001 and 2002.

Thank you for your cooperation in advance.

Sincerely,  
Neil Hoffman Marketing Group - dba  
President, Magazine Consultants, Inc. corp

