

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000078131

1. Corporation Name

Shri's Everest Dollar Store, Inc.

2. Principal Office Address

1325 S Dixie Hwy.

Suite, Apt. #, etc.

City & State

Lantana Florida

Zip

33462

Country

Palm Beach

3. Mailing Office Address

1325 S Dixie Hwy

Suite, Apt. #, etc.

City & State

Lantana, Florida

Zip

33462

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

08-30-1999

5. FEI Number

65-0946685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

FILED
04 NOV 15 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04
100042753261
11/15/04--01061--039 **1350.00

7. Name and Address of Current Registered Agent

Name

Shrestha, Shrihari

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

1325 S Dixie Hwy

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

Shrestha

REGISTERED AGENT MUST SIGN

Date

11-8-04

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	Shrestha Shrihari	1325 S Dixie Hwy	Lantana, Fl. 33462

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:

Shrestha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-04

CR2E081 (01/04)