

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000093708

1. Corporation Name

SHIVA-RAM, INC. OF ST. LUCIE

Principal Place of Business

3216 SOUTH U.S. HIGHWAY 1  
FORT PIERCE FL 34982

Mailing Address

3216 SOUTH U.S. HIGHWAY 1  
FORT PIERCE FL 34982

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1999

5. FEI Number

65-0957848

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
PD	AMIN, MADHUSUDAN	100 NORTH AIROSO BLVD.	PORT ST. LUCIE FL 34983
STD	AMIN, VIRNDRA	6000 RAINTREE TRAIL	FORT PIERCE FL 34982
VD	PATEL, PARTHIV	6000 RAINTREE TRAIL	FORT PIERCE FL 34982

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

AMIN, MADHUSUDAN  
100 NORTH AIROSA BOULEVARD  
PORT ST. LUCIE FL 34983

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/01.

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01.

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3216 South US Highway 1  
Fort Pierce, FL 34982  
October 16, 2001

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Shiva-Ram, Inc of St Lucie

Dear Sir:

Enclosed is a application for reinstatement. We are also enclosing a check in the amount of \$150.00 for our annual renewal fee.

We did not receive the original application, and being a new corporation was not aware of the annual requirements to retain active status.

Please reinstate our corporation and waive any additional penalties and interest.

Thank you,

Virendra Amin

