

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 15 AM 11:26

DOCUMENT # P99000095063

1. Corporation Name

TAS & RAV, INC.

Principal Place of Business  
2505  
2505 ROXBURY COURT  
KISSIMMEE FL 34743

Mailing Address  
2505  
2505 ROXBURY COURT  
KISSIMMEE FL 34743

REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3608746

Not Applicable

Zip

Country

Zip

Country

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)

05-31-00 90026 031 \$150.00

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip  |
|---------------|---|--|--|
| VSD           | NANPATEE, JAGEEP                          | 2505<br>7905 ROXBURY COURT                             | KISSIMMEE FL 34743   |
| PTD           | NANPATEE, RAJDAI                          | 2505<br>7905 ROXBURY COURT                             | KISSIMMEE FL 34743   |
|               |   |  | 200003488212--4<br>-12/05/00--01106--001<br>****600.00 ****600.00<br>05-31-00 90026 031 \$150.00 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAKEFIELD, S. CRAIG  
1400 WEST OAK STREET, STE A  
KISSIMMEE FL 34741

Name  
Rajdai Nanpatee  
Street Address (P.O. Box Number is Not Acceptable)  
1504 W Vine St  
Suite, Apt. #, Etc.

City  
Kissimmee

State

Zip Code

FL 34743

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

Rajdai Nanpatee  
REGISTERED AGENT MUST SIGN

Date 11/16/00

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: Rajdai Nanpatee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/16/00 (407) 846-1250  
Daytime Phone #

CR2040 (800)