

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 18 AM 11:09

DOCUMENT # P 99000096901

1. Corporation Name

SHANTI FOOD MART, INC

000004794400--4
-01/24/02--01057--015
****150.00 ****150.00

000004794400--4
-01/24/02--01057--016
****150.00 ****150.00

2. Principal Office Address

10301 SE, 4th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

10301 SE, 4th AVE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

U.S.A

Zip

32601

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

59-3609704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BAKUL. N. PATEL

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

10301 SE, 4th AVE

Suite, Apt. #, Etc.

City

GAINESVILLE

State
FL

Zip Code

32601

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

Date

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
PS	BAKUL. N. PATEL	10301 SE, 4 th AVE	GAINESVILLE, FL-32601
VP	SHARAD. B. PATEL	10301 SE, 4 th AVE	GAINESVILLE, FL-32601

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/02 352-375-0910

Date

Daytime Phone #

CR2E081 (9/00)

SHANTI FOOD MART INC
1030 SE 4TH AVE
GAINESVILLE, FL 32601

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P O BOX 1500
TALLAHASSEE, FL 32302-1500


UBR 2001
DOC # P99000096901

This reference to the telephone conversations with one of your officers a week ago.

We received a letter from the Lotto Department stating that our corporation is not active. Till that letter comes we never know about this. We spoke to one of your officers and he explained to us that you received our check and returned back to us asking us some additional information. But we have not received that mail. She advised us to mail the form for reinstatement with a check of \$150.00.

As per his advise we are enclosing the form and a check for \$150.00. We request you to reinstate our corporation and waive any penalty as we were not at fault.

Thanking you, for your cooperation.


Bakul N Patel
President/Registered Agent
December 18, 2001