

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC -4 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101907

1. Corporation Name

RONAK ENTERPRISES, INC.

Principal Place of Business

10907 US 92 E.
SEFFNER FL 33584

Mailing Address

10907 US 92 E.
SEFFNER FL 33584

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

11/22/1999

Suite, Apt. #, etc.

10705 US HWY 98 NORTH

Suite, Apt. #, etc.

10705 US HWY 98 NORTH

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33809

Country

POLK

Zip

33809

Country

POLK

5. FEI Number

59.3614351

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	PATEL, RITA	10907 US 92 E.	SEFFNER FL 33584
			800003496468--6 -12/12/00-01023-011 ****750.00 ****750.00
			REINSTATEMENT 20 1 TS

8. Name and Address of Current Registered Agent

PATEL, PRABODH C
815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

PATEL, RITA

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

10705 US HWY 98 NORTH

Suite, Apt. #, Etc.

LAKELAND

City

LAKELAND

State

FL

Zip Code

33809

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

Rita Patel

REGISTERED AGENT MUST SIGN

Date

10.24.00

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:

Rita Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.24.00 813.404.4718

Daytime Phone #