

# 2009 FOR PROFIT CORPORATION REINSTATEMENT.

**FILED**

09 FEB 19 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S45789**

1. Entry Name  
**MEHTA ENTERPRISES, P.A.**



Principal Place of Business  
**1975 E SUNRISE BLVD.  
#626  
FT LAUDERDALE, FL 33304 US**

Mailing Address  
**1975 E SUNRISE BLVD.  
#626  
FT LAUDERDALE, FL 33304 US**



2. Principal Place of Business - No P.O. Box #  
**200 S BIRCH ROAD**  
Suite, Apt #, etc.  
**APT 1011**

3. Mailing Address  
**200 S BIRCH ROAD**  
Suite, Apt #, etc.  
**APT 1011**

02082009 REIN-P CR2E098 (1/07)

City & State  
**FORT LAUDERDALE**  
Zip  
**33316-1522** Country  
**USA**

City & State  
**FORT LAUDERDALE**  
Zip  
**33316-1522** Country  
**USA**

4. FEI Number  
**65-0263801** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MEHTA, HOSHEDAR H MR.  
1975 E SUNRISE BLVD.  
#626  
FT LAUDERDALE, FL 33304**

## 7. Name and Address of New Registered Agent

Name  
**MEHTA, FREN E**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 S BIRCH ROAD**  
**APT 1011**  
City  
**FORT LAUDERDALE** **FL** Zip Code  
**33316-1522**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ *[Signature]* **02/16/09**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE  
**D** ☒ Delete  
NAME  
**MEHTA, HOSHEDAR**  
STREET ADDRESS  
**1975 E SUNRISE BLVD. STE 626**  
CITY-ST-ZIP  
**FT LAUDERDALE, FL 33304**

TITLE  
**NAME** ☐ Delete  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Delete  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Delete  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Delete  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Delete  
STREET ADDRESS  
**CITY-ST-ZIP**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D** ☐ Change ☒ Addition  
NAME  
**MEHTA, FREN E**  
STREET ADDRESS  
**200 S BIRCH ROAD, APT 1011**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33316-1522**

TITLE  
**NAME** ☐ Change ☐ Addition  
STREET ADDRESS  
**800144047298**  
CITY-ST-ZIP  
**02/20/09--01003--008 \*\*\$900.00**

TITLE  
**NAME** ☐ Change ☐ Addition  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Change ☐ Addition  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Change ☐ Addition  
STREET ADDRESS  
**CITY-ST-ZIP**

TITLE  
**NAME** ☐ Change ☐ Addition  
STREET ADDRESS  
**CITY-ST-ZIP**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ *[Signature]* **02/16/09 954-556-0086**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #