

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. Martin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S74625

1. Corporation Name

VIRAH CORPORATION

Principal Place of Business

99 Spring Street
Nashville, TN 37207

Mailing Address

Same

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

8/19/91

5. FEI Number

59-3080132

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Hitesh Kumar M. Patel	99 Spring Street	Nashville, TN 37027
VP	Rajesh M. Patel	99 Spring Street	Nashville, TN 37027
S	Vinay M. Patel	99 Spring Street	Nashville, TN 37027
			700002516047--7
			-05/07/98--01114--001
			****900.00 ****300.00

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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 to be appointed pursuant to Section 607.0505, F.S.

Signature of
Registered Agent X

REGISTERED AGENT MUST SIGN

JENNIFER FAULTMAN
ASSISTANT SECRETARY

Date

4-24-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: X

HITESH KUMAR M. PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, President

4/22/98
Date

615-259-9160
Daytime Phone #

CR2040 (12/96)