

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 20 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S80527

1. Corporation Name

SHANGRI LA U.S.A., INC.

W-22242

2. Principal Office Address

580 Wilmer Ave. Unit F

Suite, Apt. #, etc.

3. Mailing Office Address

580 Wilmer Ave. Unit F

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip Country
32808 USA

City & State

Orlando, Florida

Zip Country
32808 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1991

5. FEI Number

593081747

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

98-00

7. Name and Address of Current Registered Agent

Name

Smita Patel

(Smita Patel)

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

8234 Sandberry Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

300003417889
-10/06/00-01087-009
***1050.00 ***1050.00

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

Smita Patel

REGISTERED AGENT MUST SIGN

Date

9/7/00

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
V/S/P	Smita Patel (Smita Patel)	8234 Sandberry Blvd.	Orlando, FL 32819

REINSTATEMENT 98-00 TS

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:

Smita Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00

Date

407-297-0028

Daytime Phone #

CR2E081 (9/99)