

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
97 Sandra B. Mortham
AIR Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 17 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01085

1. Corporation Name

M. C. AND JYOTI SHAH, INC.

Principal Place of Business

Mailing Address

9359 U.S. HWY 19 NORTH
PINELLAS PARK
FL-33782.

9359 U.S. HWY
19 NORTH
PINELLAS PARK
FL-33782.

800002381498-3
-12/23/97-01121-007
***165.00 ***165.00

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

12/18/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0311224

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	SHAH, M.C.	9359 US HWY 19, NORTH	PINELLAS PARK FL
DP	SHAH, JYOTI	9359 U.S. HWY 19, NORTH	PINELLAS PARK FL
DS	SHAH, ASHWIN C.	9359 U.S. HWY 19, NORTH	PINELLAS PARK FL
DT	SHAH, CHAMPAR C.	9359 U.S. HWY 19, NORTH	PINELLAS PARK FL

SL 12-19-97

8. Name and Address of Current Registered Agent

SHAH, ASHWIN C
9359 US HWY 19 NO.
PINELLAS PARK FL-33782

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

ASHWIN C. SHAH

REGISTERED AGENT MUST SIGN

Date 12-15-97

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:

ASHWIN C. SHAH

SHAH ASHWIN C

12/15/97

813-577-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



15
December 31, 1997

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I telephoned #850-487-6059 on December 5, 1997 and spoke to one of your representatives and again I called and talked to a representative on December 9, 1997.

I never received an application for renewal. I suspect that the reason may be a result of the post office changing our zip code. We have been experiencing difficulty receiving our mail addressed to us with the old zip code which was 34666. Our new zip code is 33782. Please permanently record this number in your files.

I am sending the completed form along with a check in the amount of \$165.00 via next day air. I would like to request an abatement of the penalty as assessed due to the reason mentioned above. I highly appreciate your co-operation in this matter. Thank you.

Very truly yours,

DAYS INN/GATEWAY
By:

A. C. Shah
Secretary