

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 19 PM 3: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01085

1. Corporation Name

M.C. AND JYOTI SHAH, INC.

Principal Place of Business

9359 US HWY 19, NORTH
PINELLAS PARK FL 33782

Mailing Address

9359 US HWY 19, NORTH
PINELLAS PARK FL 33782

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/18/1991/ SP	
City & State		City & State		5. FEI Number	
Zip		Country		65-0311224	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DV	SHAH, M. C.	9359 US HWY. 19, NORTH	PINELLAS PARK FL
DP	SHAH, JYOTI	9359 US HWY. 19, NORTH	PINELLAS PARK FL
DS	SHAH, ASHWIN C.	9359 US HWY. 19, NORTH	PINELLAS PARK FL
DT	SHAH, CHAMPAK C.	9359 US HWY. 19, NORTH	PINELLAS PARK FL
			900003026179--7 -10/27/99--01054--001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHAH, ASHWIN C 9359 US HWY 19 NO PINELLAS PARK FL 33782		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 **REQUIRED** Date: 10/14/99

REGISTERED AGENT MUST SIGN

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: ASHWIN C. SHAH **REQUIRED** Date: 10/14/99 Daytime Phone #: 727-577-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR