

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V18550

1. Corporation Name

VIKRAM, INC.

Principal Place of Business

76-36 265TH STREET  
NEW HYDE PARK NY 11040

Mailing Address

76-36 265TH STREET  
NEW HYDE PARK NY 11040

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

03/04/1992

5. FEI Number

11-3109577

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 3	City / State / Zip 4
<del>D</del>	<del>DATT, KRISHAN</del>	<del>76-36 265TH STREET</del>	<del>NEW HYDE PARK NY</del>
D	GUPTA, RAJESH K.	1986 STEWART AVENUE	NEW HYDE PARK NY
D	BAJAJ, DR. RANDHIR	85 COACHMEN PLACE WEST	MUTTONTOWN NY
D	VERMA, DR. SHYAM	801 GARDEN ST	TITUSVILLE FL
D	DATT, NEERAJ	76-36 265TH STREET	NEW HYDE PARK NY 11040
			000003532470--6 -01/11/01--01032--009

8. Name and Address of Current Registered Agent

STADLER, RICHARD E.  
509 PALM AVENUE  
TITUSVILLE FL 32781

9. Name and Address of New Registered Agent \*\*\* 750.00

Name

SZYMANSKI, RONALD SR.

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

84 COMANCHE CT.

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

*Ronald Szymanski*  
REGISTERED AGENT MUST SIGN

Date 12-28-00

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.

KE

SIGNATURE:

*Neeraj Datt* NEERAJ DATT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/00 203-940-8189

Date

Daytime Phone #

CR2E040 (8/00)