

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/2

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 FEB -5 AM 11:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-02/06/97--01051--012
****915.00 ****915.00

DOCUMENT # pg50000 83265

1. Corporation Name

GAMI Properties Florida, Inc.

Principal Place of Business

Mailing Address

4900 Powerline Road
Ft. Lauderdale, FL 33324

REINSTATEMENT 96-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3296356

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres/Dir	Dr. Dinesh Patel	22 Brent Road	Lexington, MA 02173
V.P.	Mihu Bisaria	8402 Lookout Circle	Boca Raton, FL 33496
Treas. Dir.	Jayant Joshi	5119 Suffolk Drive	Boca Raton, FL
Dir.	Atul Bisaria	8402 Lookout Circle	Boca Raton, FL 33496

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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 familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

EDWARD GYISDALLA

Assistant Vice President

Date

2/4/97

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: (See Attached)

Dr. Dinesh Patel
President

1/30/97 617-726-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)

JAN 30 '97 11:05 BD&G LLP

US/PHLEB 904 222 8393

007.2

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APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

GAMI Properties Florida, Inc.

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Principal Place of Business

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State, Apt. #, etc.

State, Apt. #, etc.

6. FEI Number

Applied For

Not Applicable

City & State

City & State

No

Country

Zip

Country

CERTIFICATE OF STATUS DERIVED []

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 officers)

1. Title	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
Pres/Dir	Dr. Dinesh Patel	22 Brent Road,	Lexington, MA 02173
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CI Corporation System
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Plantation, FL 33324

Name

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

Date, 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 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT SIGNATURE

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(2)(a), Florida Statutes. 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 corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

Dr. Dinesh Patel
President

1/30/97 617-726-3555

Date

Signature phone