

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000058449**

1. Corporation Name

VESHNO, INC.

FILED

01 JUN 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1881 PALM BAY ROAD, NORTHEAST
PALM BAY FL 32801

Mailing Address

1881 PALM BAY ROAD, NORTHEAST
PALM BAY FL 32801



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

- 07/01/1997

5. FEI Number

59-3714 938
APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SARASWAT, SATISH	4962 EBENBURG DR.	TAMPA FL 33647

03-06-0090008 005 \$158.75

8000004480788--3

-07/17/01--01058--018

****150.00 ****150.00

8. Name and Address of Current Registered Agent

SARASWAT, SATISH
4962 EBENBURG DRIVE
TAMPA FL 33647

9. Name and Address of New Registered Agent

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

Satish Saraswat

REGISTERED AGENT MUST SIGN

Date

4/30/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/01 (813) 390-6915

Date

Daytime Phone #

CR2E040 (8/00)



pg-2alt

June 22, 2001

Ms. Michelle Milligan
Florida Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399
Ph: (850) 487-6059

Subject: Reinstatement of VESHNO, INC. and request for waiver of reinstatement fee.
Ref. Number P97000058449., FEIN 59-3714938

Dear Ms. Milligan,

It was pleasure speaking with you over phone last week, I understand that corporation was dissolved last year, because department didn't receive back my FEIN application (Form SS-4), however I had mailed you a copy of the form SS-4 last year with a letter explaining that I had filed for FEIN No., same way as I enclosed it with this years annual report.

There for please allow this letter to serve as a formal request for the waiver of reinstatement penalty fees, and reinstate VESHNO, INC., as full effort was made on our part to file the reports both last year and this year.

As per your suggestion, I have also enclosed a new check in the amount of \$150.00 for year 2001, Annual/Uniform Business Report and Supplemental Fees, along with the letter I received from your office dated June 7, 2001. If you have any other question please call me at your convenience at my Cellular No. (813) 390-6915.

Thank you very much.

Sincerely
VESHNO, INC.

Satish Saraswat, CHA
President