PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT	Secreta	RTMENT OF STATE ary of State corporations		FILED 06 DEC -4 AM 9	9: 25	
DOCUMENT # F93000003138 1. Corporation Name					JALLAHA SSEE, FLORIDA		
Friends of Bijnor					,		
2. Principal Office Address 3. Mailing C			Iress	-	06		
3525 Shamley Drive Same					CR2E081 (12/05)	· · · · · · · · · · · · · · · · · · ·	
		Suite, Apt. #, etc.			6 90011 039 \$61.25		
					porated or Qualified iness in Florida 67/07/1993		
City & State	١ ٨٠	City & State	B		er Applied For		
<u> Lusc</u>	aloosa, AL.	Zip	Country	11305	6403 Not Applica	ble	
354	1 7.77 / 🔨		Country	6. CERTIFICATI	E OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of State		
7. Name and Address of Current Registered Agent							
Name							
	Reve La Cost Street Address (P.O. Box Number is No	13401					
	548 93rd Avenue North				1814214		
	Suite, Apt. #, Etc.				, ,		
	City				State Zip Code FL 34108-2437		
8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent Accepta Date 12-01-06 REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Officers and/or Directors		Streel Address of Each Officer and/or Director		City / State / Zip		
Ex Dir	Estelle Ryan Cla	selli 352	15 Shamley	Daye	Tuscalopsa AL 3540	16-2919	
Pres	Rt Rev. Gratian M	lundadan B	lishop's Hou	se	Kotdwar- Garhwal I	nda	
V. Pres	Madonna Chern	esky 79	18 Wingate	Drive	Glen Dale MD 20769.	-2012	
Sec-Tva	a Rene bacoste		548 93rd Avenue Nort		Naples FL 34108-2	437	
σ	John Wolinski	690	ONW 74th	Place	Tamarac FL 33321-	5246	
	JOHN WEITHSAT		70 17 10	• μα	TAMAY GO, TE OSAKI		
10. 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 contained in Chapter 119, 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. Estelle Ryan Clavelli							
SIGNATURE: Extra Payar Signing OFFICER OR DIRECTOR Date Dayling Phone #							

Friends of Bijnor

Share & Bear

Diocese of Bijnor -India

Share God's Gifts
Bear the Burden of the Brethren

Florida Department of State Division of Corporations PO Box 6327 Tallahasee. FL 32314

November 28, 2006

Dear Sir or Madam,

Yesterday I discovered that there is a problem with our corporation registration in Florida. I have just spoken with your agent, Ms. Ulla. In April 2006 we submitted our report to Florida with a check in the amount of \$61.25. Your office deposited it on May 9, 2006. Due to a misunderstanding we reported the name and address of a registering agent in Alabama. In June I received notification of the error. We complied and changed this on June 29, 2006. At that time, we provided a registering agent in Florida. Please see attached document.

Attached please find a current application to reinstate our corporation, Friends of Bijnor (FEI Number 113056403). We respectfully request reinstatement of our 501-3C status as noted in our April application with our \$61.12 fee. Further we request a waiver of the \$175.00 penalty as we have previously complied with your requirements.

Please help us rectify the problem and reinstate Friends of Bijnor as a 501-3C in Florida. Should you have questions, please contact me at estelle.ryanclavelli@gmail.com. Thank you in advance for your assistance.

Sincerely yours,

Estelle Vayan Clavelle Estelle Ryan Clavelli

Executive Director

Cc: Mr. Rene Lacoste, Treasurer