

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/26/02 10:50 AM '02



000009686850
12/26/02--01020--001 **236.25

DOCUMENT # **N01000002466**

1. Corporation Name

YOGA MEDITATION AND CULTURAL CENTER OF ORLANDO INC.

Principal Place of Business

Mailing Address

14754 BURNTWOOD CIR.
ORLANDO FL 32826

14754 BURNTWOOD CIR.
ORLANDO FL 32826

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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	4 City / State / Zip
T	LAKRAJ, MOHINI	14754 BURNTWOOD CIR.	ORLANDO FL 32826
T	AMARNAUTH LAKRAS	14754 Burntwood Cir	ORL FL 32826
T	Bohanie Sharma	6640 SW 26th MIRIMAR FL 33023	MIRIMAR FL 33023

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, PRABODH C
815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS FL 32701

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

12/26/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-2002

Date

407-273-6068

Daytime Phone #

CR2E040 (8/02)