

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N40499**

1. Corporation Name
VAISHNAVA CULTURAL SOCIETY, INC.

Principal Place of Business 17818 NW 112TH BLVD ALACHUA FL 32615 US	Mailing Address 17818 NW 112TH BLVD ALACHUA FL 32615 US
---	---

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

2. New Principal Office Address, If Applicable 18925 CR 239 Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 18925 CR 239 Suite, Apt. #, etc.
City & State Alachua FL	City & State Alachua
Zip 32615 Country USA	Zip FL Country USA

FILED
99 NOV 17 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida
10/22/1990

5. FEI Number
59-3035199 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **2875** (2875 is the amount of fee required for reinstatement 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
DP	MABIN, ROBERT.	17818 NW 112TH BLVD.	ALACHUA FL 32615
DV/k	HICKEY, LINDA	18925 CR 239	ALACHUA FL
DST	ROMEO, ELIZABETH	18925 CR 239	ALACHUA FL
D	TANHARA Joseph	18925 CR 239	ALACHUA FL
			200003061862--1 -12/06/99--01102--004 ***245.00 ***245.00

8. Name and Address of Current Registered Agent HICKEY, LINDA 18925 CR 239 ALACHUA FL 32615	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, 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 607.0605, F.S.

Signature of Registered Agent *Linda Hickey* **REQUIRED** Date NOV. 16 '99
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)(l), 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 *Linda Hickey* **REQUIRED** LINDA Hickey 11/16/99 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
462-1372

CR2000 (8/99)