

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
98 JAN 30 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000021579**

1. Corporation Name  
**RAJYOG CORPORATION**

Principal Place of Business Mailing Address  
**622 FORMOSA AVENUE WINTER PARK FL 32789 US** **552 OLYMPIC VILLAGE, #1 ALTAMONTE SPRINGS FL 32714**

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  
**822 FORMOSA AVENUE**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT 97-98**

4. Date Incorporated or Qualified To Do Business in Florida **03/16/1995**

5. FEI Number **59-3302731** 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DESAI, YOGESH	552 OLYMPIC VILLAGE, #1	ALTAMONTE SPRINGS FL 32714
D	DASAE, RAJ	552 OLYMPIC VILLAGE, #1	ALTAMONTE SPRINGS FL 32714

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-02/03/98--01062--002  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FORT LAUDERDALE FL 33311**

Name **YOGESH DESAI**  
Street Address (P.O. Box Number is Not Acceptable)  
**822 FORMOSA AVENUE**  
Suite, Apt. #, Etc.  
City **WINTER PARK** State **FL** Zip Code **32789**

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 *[Signature]* Date **1/27/1998**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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]* 12/12/97 407-644-6290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/97)