## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # ... 1. Corporation Name

BENGALI SOCIETY OF FLORIDA, INC.

Principal Place of Business

-31<del>08-GRANES COVE-LOOP</del> KISSIMMEE PL 94741

<del>-U3</del>--

3138-GRANES-COVE LOOP -KISSIMMEE-FL 34741

Mailing Address

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

FILED

03 DEC 30 PM 2: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTAL CIVENT 07



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4. Date Incorporated or Qualified To Do Business in Florida

04/27/1982

5. FEI Number

59-2345688

Applied For Not Applicable

-ANDO

2. New Principal Office Address, If Applicable

7940 NASHUA LANE

City & State

3. New Mailing Office Address, If Applicable

7940 NASHUA Suite, Apt. #, etc.

FL

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

u.S.A 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director DE, SOUMITRA ASHOKE MUKHERJEE 3138 CRANES COVERDOP DP ORLANDO, 7940 NASHUA 3927 MUZANTE GOURT. 820 PICKERING TON PLACE MOHAPATRA, JHUNU TRISHNA PATE ¿VD¦∂⊖ GHOSH, SPEEMOY SUBIR GOSWAMI GOOD & MARKSTOWN DRIVE DRIVE 3<del>437 STERLING LAKE CIRCLE</del> 866 DEKLEVA PRIVE #9022 SARKAR, RUPA PRATYUSH NAG 14850 NOTTINGHAM WAY
3605 SWEET GRASS CIRCLE PARK, FL.32792 SD <del>mitra, kun</del>al 6042-NEWBERRY-CIRCLE **MELBOURNE FL 32940** 9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent

DE, SOUMITRA 3138 CRANES COVE LOOP KISSIMMEE FL 34741

SHOKE

(P.O. Box Number is Not Acceptable 740 NASHUA

Suite Apt # Ftc

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

REGISTERED AGENT MUST SIG

Date 17 Dec 2003

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

17 Dec 2003