

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 OCT 24 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F23388

1. Corporation Name

LOKMANYA, INC.

Principal Place of Business

28 FLAGLER STREET
STE 420
MIAMI FL 33130
US

Mailing Address

28 FLAGLER STREET
STE 420
MIAMI FL 33130
US

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1981

5. FEI Number

59-2083353

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	DHANANI, NASRAIN	2900 SW 116 AVE	DAVE FL
P	DHANANI, SALIM	2900 SW 116 AVE	DAVE FL

9000008567099
10/24/02--01044--025 **150.00

10/28

8. Name and Address of Current Registered Agent

BERGER, DAVID S., ESQ.
100 N. BISCAYNE BLVD., STE 1707
MIAMI FL 33132

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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

Date

Daytime Phone #

CR20040 (8/02)

Nationwide Public Record Search & Document Retrieval

MAIN OFFICE: 28 W. Flagler Street #420 , Miami, FL 33130



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AND RESEARCH SERVICES**

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• TALLAHASSEE Tel: (850) 561-8008 • PENSACOLA Tel: (850) 435-3183

Florida Department of State

Reply To: Miami

Division of Corporation

PO Box 6327

Tallahassee, Florida 32314

Re: UBR Document# F23388

FEI# 59-2083353

To Whom It May Concern:

This letter is to inform you that we have never received the prior Uniform Business Report (UBR), reason why we have not sent such report back to your office.

We are now sending along with this document check# 28421 for Reinstatement with the proper Completed Application.

If there's any questions or concerns please feel free to contact me in my office.

Sincerely.

Salim Dhanani

President