

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 2:57

DOCUMENT # F98000000761

1. Corporation Name

BHAKTI YOGA SOCIETY, INC.

2. Principal Office Address

14503 NW 146 Terrace

3. Mailing Office Address

P.O. Box 1872

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

Zip

32615

Country

USA

Zip

32616

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 02/09/98

5. FEI Number
11-3282299

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jean F. Roy

Street Address (P.O. Box Number is Not Acceptable)

14503 NW 146 Terrace

Suite, Apt. #, Etc.

City

Alachua

State
FL

Zip Code

32615

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/18/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| P/D | Jean F. Roy | 14503 NW 146 Terrace | Alachua, FL 32615 |
| V/D | Raymond Kissane | 14503 NW 146 Terrace | Alachua, FL 32615 |
| S/T/D | Nam Sankirtan Das | 197 S. Ocean Avenue | Freeport, NY 11520 |
| | | | |
| | | | |
| | | | |

10. 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:

Jean F. Roy, President

9/18/01 386-462-5248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)