

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -4 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000761

1. Corporation Name

Bhakti Yoga Society, Inc

2. Principal Office Address - No P.O. Box #

2006 NW 55TH AVE

Suite, Apt. #, etc.

APT J2

City & State

GAINESVILLE, FL

Zip

32653

Country

USA

3. Mailing Office Address

2006 NW 55TH AVE

Suite, Apt. #, etc.

APT J2

City & State

GAINESVILLE, FL

Zip

32653

Country

USA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1998

5. FEI Number

113282299

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

JOHN HOWLEY

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

2006 NW 55TH AVE

Suite, Apt. #, Etc.

APT J2

City

GAINESVILLE

State

FL

Zip Code

32653

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

John Howley
REGISTERED AGENT MUST SIGN

Date

8/27/07

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
PD	JOHN HOWLEY	2006 NW 55TH AVE APT J2, GAINESVILLE, FL	32653
ID	NOEL DELA MERCED	114-23 LEFFERTS BLVD	
SD	ANTHONY ELLIS	18925 NW CA 239	ALACHUA, FL 32616
TD	NOEL DELA MERCED	114-23 LEFFERTS BLVD	NEW YORK, NY 11420
	<i>Man</i>		

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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 contained in Chapter 119, 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:

John Howley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/07 352-372-2520

Daytime Phone #