

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -9 PM 12:54

DOCUMENT # F98000000761

1. Corporation Name

BHAKTI YOGA SOCIETY

REINSTATEMENT 09-12

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

13400 NW 140th ST

3. Mailing Office Address

P.O. Box 2302

Suite, Apt. #, etc.

APT 1605

Suite, Apt. #, etc.

City & State

ALACHUA FL

City & State

ALACHUA FL

Zip

32615

Country

USA

Zip

32616

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1998

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 RAYMOND KISSANE

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

13400 NW 140th ST.

Suite, Apt. #, Etc.

Apt 1605

City

ALACHUA

State

FL

Zip Code

32615

600221251026
02/09/12--01026--012 **\$8.75

600221251026
02/09/12--01026--011 **\$420.00

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

Raymond Kissane
REGISTERED AGENT MUST SIGN

Date 2/7/2012

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	RAYMOND KISSANE	13400 NW 140 th ST, APT 1605	ALACHUA, FL 32615
TD	JOHN HOWLEY	13716 NW 138 th TERR	ALACHUA, FL 32615
SD	BRYAN MOCK	14609 NW 143 rd PL	ALACHUA, FL 32615

FEB 09 2012

10. E-mail Address: RAIKRSNA@GMAIL.COM

(To be used for future annual report notification)

D. BUTLER
FEB 09 2012

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 in 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Raymond Kissane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/2012 352-474-1432