

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004131

1. Corporation Name

BOCHASANWASI SHREE AKSHAR  
PURUSHOTTAM SWAMINARAYAN  
SANSTHA - SOUTHEAST, INC

2. Principal Office Address

3518 CLARKSTON

3. Mailing Office Address

3518 CLARKSTON

Suite, Apt. #, etc.

INDUSTRIAL BLVD.

Suite, Apt. #, etc.

INDUSTRIAL BLVD.

City & State

CLARKSTON GA

City & State

CLARKSTON GA

Zip

30021-1307

Country

USA

Zip

30021-1307

Country

USA

500025386975

12/10/03--01034--002 \*\*306.25

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 20, 1988

5. FEI Number

11-3428574

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

JITENDRA A. PATEL

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

7300 S.W. 10th ST

Suite, Apt. #, Etc.

City

PLANTATION

State  
FL

Zip Code

33317

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

JAPatel

Date

12/8/03

REGISTERED AGENT MUST SIGN

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
PRESIDENT -	PATEL SHANKAR	109 GEERS DRIVE LEBANON TN-37087	LEBANON TN-37087
VICE-PRESIDENT -	PATEL MAHENDRA	824 FOWLER CIRCLE	BIRMINGHAM AL-35214
DIRECTOR	PATEL KANTI, DR.	110 STONEBRIDGE ROAD	SALISBURY NC-28145
DIRECTOR -	PATEL HARISH	206 LONDON DERRY DRIVE	LUMBERTON NC- 28358
SECRETARY/TREASURER/ DIRECTOR -	PATEL JITENDRA A.	7300 S.W. 10th ST	PLANTATION FL-33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/  
TREASURER/  
DIRECTOR

Date

12/3/03

Daytime Phone #

954-260-  
7276

CR2E001 (10/02)