

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -8 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 31658

1. Corporation Name

BHUVANI CORP.

2. Principal Office Address

10325 S. Federal Highway

Suite, Apt. #, etc.

City & State

Hobe Sound, FL 33455

Zip

33455

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

90-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/86

5. FEI Number

53-0113410

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

DIPKA SHAH

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

8841 Sand Castle Circle

Suite, Apt. #, Etc.

City

HOBE SOUND

State

FL

Zip Code

33455

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

D.K. Shah

D.K. Shah

Date 10.02.01

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
D-P-S	DIPKA SHAH	8841 Sand Castle Circle	Hobe Sound FL 33455

100004641711-8
-10/18/01--01049--030
***1500.00 ***1500.00

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)(l), 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: X

D.K. Shah

10.02.01

561546-9508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #