

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031094

Name and Mailing Address

0005224 01 AT 0.292 **AUTO T1 0 0615 33062-220227



ATMA VICHARA ASHRAM, LLC
1021 HILLSBORO MILE, #502
HILLSBORO BEACH FL 33062-2202



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
Principal Place of Business 1021 HILLSBORO MILE, #502 HILLSBORO BEACH FL 33062	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name: Christopher Gardner Street Address (P.O. Box Number is Not Acceptable): 1021 Hillsboro Mile #502 City: Hillsboro Beach FL Zip Code: 33062
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Christopher Gardner

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/23/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	GARDNER, CHRISTOPHER T	1021 HILLSBORO MILE, #502	HILLSBORO BEACH FL 33062
D	GANCITANO, NICHOLAS R	1021 HILLSBORO MILE, #502	HILLSBORO BEACH FL 33062
9000025773379 12/26/03--01049--013 **150.00 AL			
REINSTATEMENT 03			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Christopher Gardner

SIGNATURE REQUIRED

Date 12/23/03 Daytime Phone # 954-560-6558

Typed or printed name of signing Managing Member/Manager

Christopher Gardner

CR20034 (7/03)