

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 DEC 18 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00022**

1. Corporation Name  
**HINDU TEMPLE OF FLORIDA, INC.**

Principal Place of Business: **18509 Lake Magdalene Dr. Tampa, Florida 33613**  
 Mailing Address: **13509 Lake Magdalene Dr. Tampa, Florida 33613**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: **5509 Lynn Road**  
 Suite, Apt. #, etc.  
 City & State: **Tampa, Florida**  
 Zip: **33624** Country: **USA**

3. New Mailing Office Address, If Applicable: **5509 Lynn Road**  
 Suite, Apt. #, etc.  
 City & State: **Tampa, Florida**  
 Zip: **33624** Country: **USA**

4. Date Incorporated or Qualified To Do Business in Florida  
 5. FEI Number: **59-2411940** Applied For:  Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

**REINSTATEMENT 97 ad**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	G.V. Radhakrishnan	12151 Jeffrey Lane	Dade City, FL 33525
VD	G. M. Ramappa	12136 Cobblestone Dr.	Bayonet Point, FL 34667
SD	Nainan Desai	2908 Whittington Place	Tampa, FL 33618
TD	S. Rao Korabathina	4527 U.S. Highway 19, Ste. B	New Port Richey, FL 34652

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 \*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

**A. N. V. Rao (Dr.)**  
**13509 Lake Magdalene Dr.**  
**Tampa, FL 33612 USA**

9. Name and Address of New Registered Agent

Name: **G. M. Ramappa**  
 Street Address (P.O. Box Number is Not Acceptable): **12136 Cobblestone Drive**  
 Suite, Apt. #, Etc.  
 City: **Bayonet Point** State: **FL** Zip Code: **34667**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]*  
**G.M. Ramappa** REGISTERED AGENT MUST SIGN

Date: **Nov. 17, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **G.M. Ramappa**

Nov. 17, 1997 (813) 863-5474  
 Date Daytime Phone #

CR2E040 (12-96)