


603.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2010 JAN 27 P 2:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400167353304 01/28/10--01001--001 **638.75 CR2E081 (11/09)	
DOCUMENT # N02000007931 <i>2004-2010</i>					
1. Corporation Name PRASHANTI BHAVAN INC.					
2. Principal Office Address - No P.O. Box # 8501 Fulton Court Suite, Apt. #, etc.			3. Mailing Office Address 8501 Fulton Court Suite, Apt. #, etc.		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32835	Country USA	Zip 32835	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 09/26/2002	
5. FEI Number 30-0114359				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Arun Patel					
Street Address (P.O. Box Number is Not Acceptable) 8501 Fulton Court					
Suite, Apt. #, Etc.					
City Orlando			State FL	Zip Code 32835	
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 <i>Arun Patel</i> Date 1-27-10 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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	
T	Arun Patel	8501 Fulton Ct.		Orlando, FL 32835	
T	Nayana Patel	8501 Fulton Ct.		Orlando, FL 32835	
T	Anjana Patel	8501 Fulton Ct.		Orlando, FL 32835	
10. E-mail Address: arunsai01@hotmail.com <small>(To be used for future annual report notification)</small>					
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 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, 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.					
SIGNATURE: <i>Arun Patel</i>		Arun Patel		01/27/2010 407-312-8551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	