

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY 12 PM 12: 61
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/06--01020--008 **358.75



DOCUMENT # N04000010969 1. Entity Name SHIV LINGAM KIRTAN MANDALI INC					
Principal Place of Business 6041 KIMBERLEY BLVD NORTH LAUDERDALE, FL 33068			Mailing Address 891 SW 70 WAY NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business		3. Mailing Address 814 EAST Palm Run Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032006 REIN-NP CR2E099 (11/05)	
City & State		City & State NORTH LAUDERDALE FL		4. FEI Number 01-0677449	
Zip		Country		Applied For Not Applicable	
Zip 33068		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIRJU, SHEWSHANKAR 891 SW 70 WAY NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name OMAUTIE LALL HARRY Street Address (P.O. Box Number is Not Acceptable) 814 EAST Palm Run Dr City NORTH LAUDERDALE, FL Zip Code 33068	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Omautie Lall Harry</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 5/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, BHAGWAN R 4141 NW 26 STREET LAUDERHILL, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LALL HARRY, RAJINDRA 421 NW 39 STREET OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LALL HARRY, OMAUTIE 421 NW 39 STREET OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIRJU, SHEWSANKAR 891 SW 70 WAY NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Bhagwan R Singh</i> BHAGWAN R SINGH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/9/06 <small>Daytime Phone #</small>	

5/12 aw