

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 23 PM 2:05

DOCUMENT # N05000001900

1. Entity Name
SANGHA, INC



Principal Place of Business
2801 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Mailing Address
2801 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

2. Principal Place of Business - No P.O. Box #
7551 WILES RD

3. Mailing Address
7551 WILES RD

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

10042007 REIN-NP CR2E099 (1/07)

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
20-2338633

Applied For
Not Applicable

Zip
33067

Country
USA

Zip
33067

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, J. WIL
44 WEST FLAGLER STREET
675
MIAMI, FL 33130

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME HINA, SHARMA M.D.
STREET ADDRESS 2801 N. UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S,T
NAME CANDY, BOTERON
STREET ADDRESS 2801 N. UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OZZIE, BLOOM
STREET ADDRESS 2801 N. UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CANDY, BOTERON
STREET ADDRESS 2801 N. UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HINA, SHARMA M.D.
STREET ADDRESS 2801 N. UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: HINA SHARMA

10/16/2007 954.341.4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT