

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003799

FILED
Mar 20, 2009
Secretary of State

Entity Name: INTERNATIONAL INSTITUTE OF MAHAYOGA & NATURAL HYGIENE, INC.

Current Principal Place of Business:

6651 CUSTER STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

6651 CUSTER STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 20-2403881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARMA, ARUN
6651 CUSTER STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARUN SHARMA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHARMA, ARUN
Address: 6651 CUSTER STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VP () Delete
Name: POSNER, JERROLD G
Address: 5730 SENTINEL DRIVE
City-St-Zip: RALEIGH, NC 27609 US

Title: SECR () Delete
Name: SHARMA, GIRIJA
Address: 6651 CUSTER STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: TRES () Delete
Name: SATYAKETU, KUMAR
Address: 3151 SW 6 COURT
City-St-Zip: MARGATE, FL 33068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARUN SHARMA

Electronic Signature of Signing Officer or Director

PRES

03/20/2009

Date