

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 21 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000005759	
1. Entity Name SHIVA LINGAM MANDALI, INC.	



Principal Place of Business 6041 N KIMBERLY BLVD N LAUDERDALE, FL 33068	Mailing Address 6041 N KIMBERLY BLVD N LAUDERDALE, FL 33068
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2. Principal Place of Business - No P.O. Box # 251 South State Road 7	3. Mailing Address 251 South State Road 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Margate, Florida	City & State Margate, Florida
Zip 33068	Country USA



10122007 REIN-NP CR2E099 (1/07)

4. FEI Number 20-4950762		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOWCARAN, OMAUTIE 814 E PALM RUN DR N LAUDERDALE, FL 33068		7. Name and Address of New Registered Agent Name Bhagwan Singh Street Address (P.O. Box Number is Not Acceptable) 4141 NW 26th Street APT. 216. City Lauderhill FL Zip Code 33313

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 Bhagwan Singh *Bhagwan Singh* 11-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOWCARAN, OMAUTIE 814 E PALM RUN DR N LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300112473699 11/21/07--01007--001 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKISSOON, RONE 4425 NW 63RD DR COCONUT CREEK, FL 33078 <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	D LALLHARRY, RAJINDRA 421 NW 39TH ST 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	D RAMSARAN, PUNDIT SUBASH 1621 NW 63RD DR SUNRISE, 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	PD SINGHRAN, BHAGWAN 4141 NW 26TH ST LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BHAGWAN SINGH <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition APT. 216.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMCHARRAN, DEONARINE 3500 NW 43RD AVE LAUDERDALE LAKES, FL 33319 <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: Bhagwan Singh 11-14-07 954-873-4764
Signature and typed or printed name of signing officer or director Date Daytime Phone #