

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000013051

FILED
Apr 21, 2008
Secretary of State

Entity Name: MAHA SHAKTI MANDIR INC.

Current Principal Place of Business:

13520 EAST HWY 25
OKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1010
OKLAWAHA, FL 32183

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

RUPNARAIN, MUNIE R
9982 HWY 464C
OKLAWAHA, FL 32179 US

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: MUNIE R RUPNARAIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUPNARAIN, MUNIE R
Address: 9982 HWY 464C
City-St-Zip: OKLAWAHA, FL 32179

Title: VP () Delete
Name: SHARMA, PERMISSUDAT
Address: 5821 SE HAMES ROAD
City-St-Zip: BELLEVIEW, FL 34420

Title: T () Delete
Name: PERSAUD, DAVANAND P
Address: 10859 SE MARICAMP ROAD
City-St-Zip: CANDLER, FL 32111

Title: S () Delete
Name: PANDAY, AMARWATI
Address: 11557 SE 54TH AVE
City-St-Zip: BELLEVIEW, FL 34420

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: MUNIE R RUPNARAIN

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date