

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 AM 11:33

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO7000002638**

1. Corporation Name

RADHA DESH, INC.

2. Principal Office Address - No P.O. Box #

10505 SR 235

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2362

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

Zip

32615

Country

USA

Zip

32616

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/13/07

5. FEI Number

20-8661906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

200169414012
02/17/10--01034--001 **183.75
REINSTATEMENT 08-10

7. Name and Address of Current Registered Agent

Name

THOMAS HOPKE

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

10505 SR 235

Suite, Apt. #, Etc.

City

ALACHUA

State

FL

Zip Code

32615

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Thomas Hopke

REGISTERED AGENT MUST SIGN

Date

2-13-10

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	THOMAS HOPKE	10505 SR 235	ALACHUA, FL 32615
VP/D	DAVID ROBERTS	4923 NW 143rd ST	GAINESVILLE, FL 32606
S/D	WILLIAM HILER	321 SW GUERNSEY WAY	FORT WHITE, FL
T/D	JOAN HOPKE	10505 SR 235	ALACHUA, FL 32615

10. E-mail Address: **ratnahopke@yahoo.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joan Hopke

JOAN HOPKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/10

Date

386/418-1147

Daytime Phone #

2/1/10