PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25813**

1. Corporation Name

HINDU RELIGIOUS CENTER, INC.

Principal Place of Business	Mailing Address
16120 W. COURSE DR. TAMPA FL 33624	C/O PATEL DR K 11016 N DALE MABRY HWY #201 TAMPA FL 33618 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/1988

5. FEI Number: 59-2898769 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHAH, RAMESH	3119 MOSSVALE LANE	TAMPA FL
PD	PATEL, KIRAN	11609 CARROLWOOD DR.	TAMPA FL
TD	LAKADAWALLA, SHARAD	3709 W HAMILTON AVE #2	TAMPA FL
SD	BHAT, ASHOK	613 W BUFFALO AVE #101	TAMPA FL

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REINSTATEMENT ale

8. Name and Address of Current Registered Agent

PATEL, SANDIP I. ESQ.
122 S HOWARD AVENUE
TAMPA FL 33606

Name and Address of New Registered Agent

Name: Sandip I. Patel, Esquire
Street Address (P.O. Box Number is Not Acceptable): 18167 US 19 North, Suite 150
Suite, Apt. #, Etc.:
City: Clearwater State: FL Zip Code: 34624

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Sandip I. Patel SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: December 17, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: December 17, 1996 Daytime Phone #: 813-215-6200

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