

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1998 FEB -2 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25813**

1. Corporation Name **Hindu Religious Center, Inc.**

Principal Place of Business
**16120 W. Course Drive
Tampa, Florida 33624**

Mailing Address
**16120 W. Course Drive
Tampa, Florida 33624**

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

2. New Principal Office Address, If Applicable
**2240 Belleair Road
Suite, Apt. #, etc.
Suite 160**

City & State
Clearwater, Florida

Zip Country
33764 Pinellas

3. New Mailing Office Address, If Applicable
**2240 Belleair Road
Suite, Apt. #, etc.
Suite 160**

City & State
Clearwater, Florida

Zip Country
33764 Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida
4/7/88

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Ramesh Shah	3119 Mossvale Lane	Tampa, Florida
PD	Kiran Patel	11609 Carrollwood Drive	Tampa, Florida
TD	Sharad Lakadawalla	3709 W. Hamilton Avenue #2	Tampa, Florida
SD	Ashok Bhat	613 W. Buffalo Avenue #101	Tampa, Florida

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Sandip I. Patel, Esq.
18167 U.S. 19 North, Suite 150
Clearwater, FL 34624**

9. Name and Address of New Registered Agent

Name
Sandip I. Patel, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2240 Belleair Road, Suite 160
Suite, Apt. #, Etc.
City
Clearwater
0000024250-5
02/06/98-01127-002
****297-PL 33764 97.50

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**
REGISTERED AGENT MUST SIGN

Date **1/27/98**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/98
Date

813-539-6800
Daytime Phone #

CR20040 (12/96)