

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28415

1. Corporation Name

PRABHUPADA INSTITUTE OF CULTURE, INC.

REINSTATEMENT 1997-2010

CR2E081 (6/10)

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

3220 Virginia Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33133

Country
USA

3. Mailing Office Address

P.O. Box 432212

Suite, Apt. #, etc.

c/o Heyward A. Bradman Esq.

City & State

Miami, Florida

Zip
33243-2212

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/19/1988

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Heyward A. Bradman

Street Address (P.O. Box Number is Not Acceptable)
10821 S.W. 171st Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33157

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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

Heyward A. Bradman
REGISTERED AGENT MUST SIGN

Date June 16, 2010

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	Alfred J. Valerio	3220 Virginia Street	Miami, FL. 33133
T/D	Heyward A. Bradman	3220 Virginia Street	Miami, FL. 33133
S/D	Gary Tanis	3220 Virginia Street	Miami, FL. 33133
D	Naima B. Bradman	3220 Virginia Street	Miami, FL. 33133

10. E-mail Address: haris@bellsouth.net

(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:

Gary Tanis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 16, 2010 305-253-5657

Date

Daytime Phone #