PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 FEB 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000519

1. Corporation Name

POORNIMA AND AVINASH CHARITABLE FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Oakbrook Professional Center, 929 N. Spring Garden Ave.		Oakbrook Professional Center, 929 N. Spring Garden Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite155		Suite155	
City & State		City & State	
DeLand, FL		DeLand, FL	
Zip	Country	Zip	Country
32720	USA	32720	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
02/01/1994

5. FEI Number
593223455
Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $87.5 Amount For Certificate; $61.25 Amount For Certified Copy (Additional Copy Is $1.25)

7. Name and Address of Current Registered Agent

Name
SUMAN GUPTA
Street Address (P.O. Box Number is Not Acceptable)
Oakbrook Professional Center, 929 N. Spring Garden Ave.
Suite, Apt. #, etc.
Suite155
City | State | Zip Code
DeLand | FL | 32720

200255998102
02/24/14--01028--008 **61.25
200255998102
01/27/14--01003--007 **420.00

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: Suman Gupta Date 1/9/14
REGISTERED AGENT MUST SIGN

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
PD	AVINASH GUPTA	Oakbrook Professional Center, 929 N. Spring Garden Ave., Ste. 155	DeLand, FL 32720
STD	SUMAN GUPTA	Oakbrook Professional Center, 929 N. Spring Garden Ave., Ste. 155	DeLand, FL 32720
	MAR - 3 2014		W14-5286
	L. SELLERS	REINSTATEMENT	2010-2014

10. E-mail Address: sugupta@msn.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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Suman Gupta Suman Gupta 1/9/14 (386) 736-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #