

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000004594

1. Corporation Name

THE HEAVENLY FATHER'S DIVINE MISSION NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

8743 HUNTFIELD STREET
TAMPA FL 33635

8743 HUNTFIELD STREET
TAMPA FL 33635

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

09/27/1995

5. FEI Number

59-3336774

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	KUMAR, SUBRAMANIAN M	8743 HUNTFIELD STREET	TAMPA FL 33635
D	KAUSHGLA, BHASKAR R	1813 FOREST HAVEN BLVD	EDISON NJ 08817
D	MUMMOORTHY, DOHANGANDIH DELETE	50 FAIRVIEW AVE, #4K	NORWALK CT 06850
D	MOHANA SANTHANAM	2101, RAMSEY ROAD	MONROEVILLE PA-15146

5010002350485-0
-11/18/97-01046-011
***236.25 ***236.25

8. Name and Address of Current Registered Agent

RAJU, R G
8901 NORTH DALE MABRY HIGHWAY
SUITE #38
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/10/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

SUBRAMANIAN M KUMAR

Date

Daytime Phone #

11/10/97 (8B) 876-6253