

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 12 PM 4:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004594

1. Corporation Name

Foundation for World Awakening N.A., Inc.

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

9100 Wilshire Blvd

Suite, Apt. #, etc.

Suite 706W

City & State

Beverly Hills, CA

Zip

90212

Country

USA

3. Mailing Office Address

P.O. Box 2336

Suite, Apt. #, etc.

City & State

Berkeley, CA

Zip

94702

Country

USA

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. Name and Address of Current Registered Agent

Name

Scott Wilkerson

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

2964 Eagle Estates Circle East

Suite, Apt. # Etc.

City

Clearwater

State

FL

Zip Code

33761

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/10/08

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
C	Ananda Giri Yellanti	GC-2, Varadaiahpalem, Chittoor	Andhra Pradesh 517541, India
P	Matthew Ottenberg	361 Daisy Drive	San Jose, CA 95123
S	Subramanian M. Kumar	1135 Anolas Way	Lutz, FL 33548
T	Bhaskar R. Kasukhela	1930 Northstar Way, #354	San Marcos, CA 92078

10. 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 filling 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 contained in Chapter 119, 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]

MATTHEW OTTENBERG 12/7/08

Date

408.375.3515

Daytime Phone #

12/12/08