

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005455**

1. Corporation Name

**THE SEMA INSTITUTE OF YOGA, RELIGIOUS AND TRANSP
ERSONAL PSYCHOLOGY STUDIES, INC.**

Principal Place of Business

10260 SW 160 TERR
MIAMI FL 33157
US

Mailing Address

PO BOX 570459
MIAMI FL 33257
US

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

FILED

05 JAN -3 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1995

5. FEI Number

65-0696697

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 3	City / State / Zip 4
D	ASHBY, RIGINALD	10260 S.W. 160 TERRACE	MIAMI FL 33157
D	ASHBY, KAREN	10260 S.W. 160 TERRACE	MIAMI FL 33157
D	CARNER, ASHBY	10260 S.W. 160 TERRACE	MIAMI FL 33157
			400043814284 01/03/05--01052--021 **358.75
			400043814284 01/03/05--01052--022 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASHBY, RIGINALD
10260 SW 160 TERRACE
MIAMI FL 33157

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/1/04

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/04 (305)
3786253

CR2E040 (8/02)