

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000003665

1. Corporation Name

GANDHI REMEMBERED, INC.

2. Principal Office Address

3450 SW 3RD AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02-04

01/29/04 01054 003 \$358.25

**4. Date Incorporated or Qualified
To Do Business in Florida** JULY 11, 1996

5. FEI Number
65-0676320

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

MODY, SURESH C.

Street Address (P.O. Box Number is Not Acceptable)
3450 SW 3RD AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

Suresh C. Mody

REGISTERED AGENT MUST SIGN

Date 4/30/04

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
D	MODY, SURESH C.	3450 SW 3RD AVE	MIAMI, FL 33145
D	MODY, RAMESH C.	3450 SW 3RD AVE	MIAMI, FL 33145
D	MODY, RENU N.	3450 SW 3RD AVE	MIAMI, FL 33145

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 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:

Suresh C. Mody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

305.857-5000

Daytime Phone #

CF2E081 (01/04)