PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 DEC 16 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004860**

1. Corporation Name

KUNJANI SANBONANI INSTITUTE, INC.

Principal Place of Business	Mailing Address
3120 HENDRICKS AVE. JACKSONVILLE FL 32207	3120 HENDRICKS AVE. JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02
11-01-02 01037 008 $245.00

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: 08/10/1999

5. FEI Number: 59-3689828 — 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	4 City / State / Zip
PD	WILSON, RADFORD	2330 EUCLID HEIGHTS BLVD #404	CLEVELAND HEIGHTS OH 44106
D	RAO, HAYAGREVA	EMORY UNIV 1300 CLIFTON RD	ATLANTA GA 30322
D	LEITCH, LAURIE	6009 PRINCETON AVE	GLEN ECHO MD 20812
D	MEYER, NANCY	50 HAYFIELDS RD	PORTOLA VALLEY CA 94028
D	PITTMAN, JU COBY	613 W ASHLEY ST	JACKSONVILLE FL 32202
D	BELL, JR, ANDREW	1300 RIVERPLACE BLVD STE 500	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

RIDGE, GEORGE E
1200 SUNTRUST BANK BLDG.
200 W. FORSYTH ST.
JACKSONVILLE FL 32202

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

12/18

CR2E040 (8/02)

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 — Date 12/3/03
REGISTERED AGENT MUST SIGN

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 — PRESIDENT — 12/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

0001234

DOCUMENT # N99000004860

1. Entity Name

KUNJANI SANBONANI INSTITUTE, INC.

Principal Place of Business
3120 HENDRICKS AVE.
JACKSONVILLE FL 32207

Mailing Address
3120 HENDRICKS AVE.
JACKSONVILLE FL 32207

2. Principal Place of Business
9328 ARBOLITA WAY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 550549
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: JACKSONVILLE, FL
Zip: 32256 Country: USA

City & State: JACKSONVILLE, FL
Zip: 32255 Country: USA

4. FEI Number 59-3689828 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDGE, GEORGE E
1200 SUNTRUST BANK BLDG.
200 W. FORSYTH ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002 min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

CR2E037 (4/02)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	WILSON, RADFORD	NAME	BRYANT ROLLINS
STREET ADDRESS	2330 EUCLID HEIGHTS BLVD #404	STREET ADDRESS	9328 ARBOLITA WAY
CITY-ST-ZIP	CLEVELAND HEIGHTS OH 44106	CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	RAO, HAYAGREVA	NAME	SHIRLEY B. STETSON
STREET ADDRESS	EMORY UNIV 1300 CLIFTON RD	STREET ADDRESS	9328 ARBOLITA WAY
CITY-ST-ZIP	ATLANTA GA 30322	CITY-ST-ZIP	JACKSONVILLE FL, 32256
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	LEITCH, LAURIE	NAME	RADFORD WILSON
STREET ADDRESS	6009 PRINCETON AVE	STREET ADDRESS	2330 EUCLID HEIGHTS BLVD #404
CITY-ST-ZIP	GLEN ECHO MD 20812	CITY-ST-ZIP	CLEVELAND HEIGHTS, OH 44106
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MEYER, NANCY	NAME	
STREET ADDRESS	50 HAYFIELDS RD	STREET ADDRESS	
CITY-ST-ZIP	PORTOLA VALLEY CA 94028	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PITTMAN, JU COBY	NAME	
STREET ADDRESS	613 W ASHLEY ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BELL, JR, ANDREW	NAME	
STREET ADDRESS	1300 RIVERPLACE BLVD STE 500	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 10/25/02 (904) 448-8098