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

REINSTATEMENT 02

11-01-02 01037 008 $245.00

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: **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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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	9. Name and Address of New Registered Agent
RIDGE, GEORGE E 1200 SUNTRUST BANK BLDG. 200 W. FORSYTH ST. JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City $ 12/18 State FL Zip Code

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 12/3/02

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 Brian Rollins PRESIDENT 12/3/02

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	Mailing Address
3120 HENDRICKS AVE. JACKSONVILLE FL 32207	3120 HENDRICKS AVE. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9328 ARBOLITA WAY	P.O. BOX 550549
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32256 Country: USA	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	7. Name and Address of New Registered Agent
RIDGE, GEORGE E 1200 SUNTRUST BANK BLDG. 200 W. FORSYTH ST. JACKSONVILLE FL 32202	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 _____ DATE

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

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

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

CR2E037 (4/02)

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: BRYANT ROLLINS REQUIRED 10/25/02 (904) 448-9098