FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069382

1. Entity Name: BHAKTA & BHAKTA, Inc.

FILED
04 JAN -2 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PARK MOTEL Suite, Apt. #, etc.	2020 N. TAMIAMI TRL. Suite, Apt. #, etc.
City & State: 2020 N. FT. MYERS, FL	City & State: N. FT. MYER FL
Zip: 33903 Country: LEE	Zip: 33903 Country: LEE

4. FEI Number: 651027104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BHAKTA, AMRAT D.

Street Address (P.O. Box Number is Not Acceptable): 2020 N. TAMIAMI TRL.

City: N. FT. MYERS **FL** Zip Code: 33903

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: A.D. Bhakta, AMRAT D. Bhakta, President DATE: 11/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: P NAME: A.D. Bhakta STREET ADDRESS: 2020 N. TAMIAMI TRL. CITY-ST-ZIP: N. FT. MYERS FL 33903	500025156875 12/02/03--01046--001 **150.00
TITLE: V NAME: G.M. Bhakta STREET ADDRESS: 2020 N. TAMIAMI TRL CITY-ST-ZIP: N. FT. MYERS, FL 33903	500025156875 12/02/03--01046--002 **150.00 5000 25156875 01/06/04--01086--007 **150.00
TITLE: S NAME: RITA BHAKTA STREET ADDRESS: 2020 N. TAMI TAMI TRL CITY-ST-ZIP: N. FT. MYERS FL 33903	**DO NOT WRITE**
TITLE: T NAME: D.M. BHAKTA STREET ADDRESS: 2020 N. TAMIAMI TRL CITY-ST-ZIP: N. FT. MYERS FL 33903	**IN THIS SPACE** 500025156875 01/06/04--01086--008 **600.00
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: A.D. Bhakta, AMRAT D. Bhakta, President 11/25/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #