

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

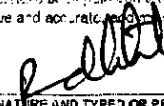
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000019121			
1. Corporation Name Yogidarshan Inc.			
2. Principal Office Address		3. Mailing Office Address 36108	
Suits, Apt. #, Etc. 14012 7th Street		State, Apt. #, Etc. SR 52	
City & State DADE CITY, FL		City & State DADE CITY, FL	
Zip 33525	County PASCO	Zip 33525	County PASCO

REINSTATEMENT

03

4. Date Inactive and/or Qualified To Do Business in Florida 2/21/01	
5. CFS Number 59-3699268	Applied For ☐ Not Applicable
6. ☐ CERTIFICATE OF STATUS DESIRED ☐ YES ☐ NO	

7. Name and Address of Current Registered Agent	
Name PATEL, RAJUL D	
Street Address (P.O. Box, Etc. is Not Acceptable) 14012 7th Street	
Suits, Apt. #, Etc.	
City DADE CITY	State FL
Zip Code 33525	

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		Date	
REGISTERED AGENT MUST BE:			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 Directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PTD	PATEL RAJUL	36108 SR 52	DADE CITY, FL 33525
VP	PATEL NITA	36108 SR 52	DADE CITY, FL 33525
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(2)(b), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Cell (352) 585 0386 12/03/03 (352) 518 5678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

7

From

Yogidanshan Inc.

36108 SR. 52

DADE CITY. FL. 33528.

10/18/03.

To,

Florida Dep. of St.
Division of Corporations.
Tallahassee. FL. 32314.

Ref # P01000019121

FEI # 59-3699268

Res. Sir.

Please, Please Consider me for delay.

Since my address has been change, I could not get first notice & second I have just received, so I could not able to pay the Payment in time.

Sir, I request and will be highly obliger. if you consider my case and try to waive my Penalty.

For Know I enclose check. For \$150.00. #1383

Thank you

I Appreciate your consideration

Rajul Patel

Rajul Patel.