PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019121

1. Corporation Name
Yogidarshan Inc.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc. 14012 7th street	Suite, Apt. #, etc. SR 52
City & State DADE CITY. FL	City & State DADE CITY-FL
Zip 33525 County PASCO.	Zip 33525 Country PASCO.

4. Date Incorporated or Qualified To Do Business in Florida 2/21/01

5. FEI Number 59-3699268 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name PATEL, RAJUL D

Street Address (P.O. Box Number is Not Acceptable) 14012 7th. street.

Suite, 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 REGISTERED AGENT MUST SIGN Date

CR2E081 (10/02)

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 officers)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PTD	PATEL RAJUL	36108 SR52	DADECITY. FL33525
VP	PATEL NITA	36108 SR52	DADECITY 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(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.

Cell (352) 585 0386.

SIGNATURE: 12/03/03 (352) 518 5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P

From
Yogidarshan Inc.
36108 SR. 52
DADE CITY. FL. 33525.
10/18/03.

To,

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

Ref# P01000019121
FEI # 59-3699268

Res. Sir.

Please, Please Consider me for delay.
Since my adress has been chang. I could not gate 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 weave my Penalty.

For know I enclose cheq. For $150=00. # 1383
Thank you
I Apricial your consideration

[signature]
Rajul Patel.