


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 NOV 15 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000027940 1. Corporation Name RADHA GOBINDO INC.				
2. Principal Office Address 2277 NW 77 TERR Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		
City & State PEMBROKE PINES FL		City & State		
Zip 33024	Country	Zip	Country	
4. Date Incorporated or Qualified To Do Business in Florida 03/13/02		5. FEI Number 47-0853070 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name DILIP SAHA				
Street Address (P.O. Box Number is Not Acceptable) 2277 NW 77 TERR				
Suite, Apt. #, Etc.				
City PEMBROKE PINES		State FL	Zip Code 33024	
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 <i>[Signature]</i>		Date 11-09-05		
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	DILIP SAHA	2277 NW 77 TERR	PEMBROKE PINES FL 33024	
	<i>[Signature]</i>			
200061439708 11/15/05--01046--012 **300.00				
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.				
SIGNATURE: <i>[Signature]</i>		11-09-05 305-725-7326		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

RADHA GOBINDO INC.
2277 NW 77 Terrace
Pembroke Pines, Florida 33024

November 8, 2005

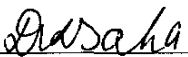
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Corporation Reinstatement (Document #P02000027940)

Dear Sir/Madam,

Enclosed is the Corporation Reinstatement form for Radha Gobindo Inc. and a \$300 check represents filing fees for 2004 and 2005. Annual reports for those years were never received. Therefore, we respectfully request abatement of the penalty. New policy had been placed to ensure that future filings will be timely. If there is any question, please call me at 305-725-7326.

Sincerely,



Dilip Saha
President