

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 15 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P2000048362

1. Corporation Name

RHYTHM House of India Inc.

2. Principal Office Address

901 W THARPE ST.

Suite, Apt. #, etc.

City & State

TCH FL. 32303

Zip

32303

Country

LEON

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

300099687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALPESH PATEL

Street Address (P.O. Box Number is Not Acceptable)

901 W. THARPE ST.

Suite, Apt. #, Etc.

City

TCH

State

FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/19/2004

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
PRES	NEHA PATEL	901 W THARPE ST.	TCH FL. 32303

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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 been made under oath.

SIGNATURE:

[Signature]
FOR NEHA PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/2004

Daytime Phone #

264-6809

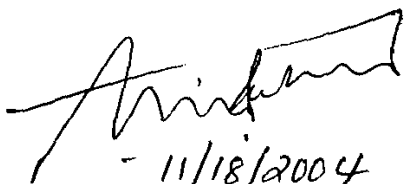
TO
DEPT OF STATE
DIV OF CORPORATION

FROM: RHYTHM HOUSE OF India INC.
901 W. THARPE ST.
TCH FL 32303
DOC # P02000048362

TO WHOM IT MAY CONCERN

THIS IS ALPESH PATEL PRESIDENT OF RHYTHM HOUSE
OF INDIA REQUESTING FOR RE/INSTEAD OF MY CORP.
AND WAVE THE PENALTY, BECAUSE WE NEVER RECEIVED
REMINDER AT ALL.
SORRY FOR ANY INCONVENIENCE

AL PATEL


- 11/18/2004