

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000053626**

1. Corporation Name

OM SHANTI CORP

Principal Place of Business

1760 S MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

1760 S MILITARY TRAIL
WEST PALM BEACH FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	AABHASH PRADHAN	111 TUSCANY DR. Royal Palm	33411 Royal Palm Beach FL 33411

400023980514
10/21/03--01107--020 **150.00

8. Name and Address of Current Registered Agent

PRADHAN, AABHASH
1760 S MILITARY TRAIL
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

AABHASH PRADHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

5613715972

Daytime Phone #

CR2040 (7/03)

FROM: AABHASH PRADHAN
OM SHANTI CORP.
1760 S Military tr.
WPB. FL. 33415

10/16/03.

TO: Dept. of State
Division of Corporations

Ref: Application of reinstatement.

Dear Ma'am/Sir,

I am the President of OM SHANTI Corp.
Since this corporation has been in business, I have
taken care of all the payments, renewal of licenses
etc. in time but I never received the annual report
form from Dept of State due to which the corp
did not get renewed. Therefore, I hope you will
waive my reinstatement fee and renew the corporation.
I have attached check for \$150.00.

Once again, thank you for consideration and I will
not let this happen in future. Sincerely Yours,

AABHASH PRADHAN
President, OM SHANTI Corp.

If any questions, Call me at → 561 371 5972.