

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

DOCUMENT # P02000119798

1. Corporation Name

GAYATRI MATA, INC.

03 OCT 17 AM 8:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

3067 MAIN ST
 COTTONDALE FL 32431

Mailing Address

P O BOX 522
 COTTONDALE FL 32431



REINSTATEMENT 07

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

PO Box 112
 Vernon, FL
 32462 USA

4. Date Incorporated or Qualified To Do Business in Florida

11/06/2002

5. FEI Number

74-3067624

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	PATEL, SURENDRA R	P O BOX 588	VERNON FL 32464
DV	MEASURIYA, VINUBHAI J	P O BOX 897	DARIEN GA 31305
S	PATEL, RITA S	P O BOX 588	VERNON FL 32462

600023914926
 10/17/03--01089--014 **150.00

8. Name and Address of Current Registered Agent

PATEL, SURENDRA R
 3067 MAIN ST
 COTTONDALE FL 32431

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

[Signature]

Date

10/16/03

REGISTERED AGENT MUST SIGN

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/03

CR2E040 (7/03)

Gayatri Mata, Inc.
P O Box 522
Cottondale, FL 32431

October 15, 2003

Florida Department of State

RE: Uniform Business Report

Please find enclosed a copy of the 2003 UBR with the fee of \$150.00. I would like to request that the \$600.00 reinstatement fee be waived for the following reason. To the best of my knowledge this form was never received at our P O Box in Cottondale. The original mailing with follow up notices could not be located at our office in Cottondale and my two managers at this location conclude that this form has never been received.

We are a new business in Florida and this would have been our first Annual Report filing. I hope that you will arrive at a decision that is just and fair to all parties involved. Since we are just now completing our first year you can understand that the financial situation is extremely tight and this additional fee will greatly affect our operating capital during this time.

If you have any questions please contact my accountant Nelle Nemecek at 850-535-5000. She has advised that we have all future mailing sent to her office in Vernon as noted on the application.

Thank you very much,



Surrendra Patel
President