

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000103588

FILED
Oct 06, 2005
Secretary of State

Entity Name: SHIVA OF MIAMI, INC.

Current Principal Place of Business:

18901 S DIXIE HWY #198
MIAMI, FL 33157

New Principal Place of Business:

27455 SOUTH DIXIE HWY
213
MIAMI, FL 33032

Current Mailing Address:

18901 S DIXIE HWY #198
MIAMI, FL 33157

New Mailing Address:

22487 SW 102 PATH
MIAMI, FL 33190

FEI Number: 20-1370964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAR, GOPI
18901 S DIXIE HWY #198
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

AMAR, GOPI
22487 SW 102 PATH
MIAMI, FL 33190 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GOPI AMAR

10/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: AMAR, GOPI
Address: 18901 S DIXIE HWY #198
City-St-Zip: MIAMI, FL 33157

Title: VTD () Delete
Name: AMAR, SHANKAR
Address: 18901 S DIXIE HWY #198
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: AMAR, GOPI
Address: 22487 SW 102 PATH
City-St-Zip: MIAMI, FL 33190

Title: VTD (X) Change () Addition
Name: AMAR, SHANKAR
Address: 22487 SW 102 PATH
City-St-Zip: MIAMI, FL 33190

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOPI AMAR

PDS

10/06/2005

Electronic Signature of Signing Officer or Director

Date