

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 DEC 11 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO4000154394  
1. Corporation Name SATHYA SAI BABA CORP.

W06000052314

2. Principal Office Address <u>2017, POST ROAD</u>		3. Mailing Office Address <u>2017, Post ROAD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MELBOURNE, FL</u>		City & State <u>MELBOURNE, FL</u>	
Zip <u>32935</u>	Country <u>U.S.A.</u>	Zip <u>32935</u>	Country <u>U.S.A.</u>

100082204271  
12/01/06--01023--015 \*\*750.00

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida DEC. 23<sup>rd</sup> 2004  
5. FEI Number 50-0017542 ☐ 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 <u>Himanshu Patel</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1801 Post Rd</u>		
Suite, Apt. #, Etc.		
City <u>Melbourne</u>	State <u>FL</u>	Zip Code <u>32935</u>

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] Date 12/8/06  
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
V	SHAILESH SHAH	2017, POST ROAD	MELBOURNE, FL 32935
P	HIMANSHU PATEL	1801, POST ROAD	MELBOURNE, FL 32935

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12/15/06--01057--015 \*\*158.75

**REINSTATEMENT** 05-06 RSC

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 contained in Chapter 119, 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: S.K. Shah  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.27.06

Date

321.253.4420

Daytime Phone #