

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000007657

FILED  
Aug 14, 2014  
Secretary of State

**Entity Name:** AKASHA INTERNATIONAL INCORPORATED

**Current Principal Place of Business:**

568 9TH STREET SOUTH  
SUITE 166  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

568 9TH STREET SOUTH  
SUITE 166  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMPSON-HOMER, SONJA  
568 9TH STREET SOUTH  
SUITE 166  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

SIMPSON-HOMER, SONJA  
568 9TH STREET SOUTH  
SUITE 166  
NAPLES, FL 34102 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: SONIA SIMPSON-HOMER

08/14/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HOMER-SIMPSON, SONJA  
Address: 568 9TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102 US

Title: P  
Name: HOMER, ARNOLD II  
Address: 568 9TH STREET SOUTH SUITE 166  
City-St-Zip: NAPLES, FL 34102 US

Title: VP  
Name: SMITH, MICHELLE  
Address: 568 9TH STREET SOUTH SUITE 166  
City-St-Zip: NAPLES, FL 34102

Title: CBO  
Name: NICHOLS, JAMIE O  
Address: 1055 UNIVERSITY AVENUE  
City-St-Zip: BRONX, NY 10452 US

I hereby 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 all other like empowered.

SIGNATURE: ARNOLD HOMER

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08/14/2014

Electronic Signature of Signing Officer or Director

Date