

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Morris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

98-02-UBR

DOCUMENT # 094000016426

1. Corporation Name

Isanya Oil, Inc.

WD2-4192

2. Principal Office Address

1576 Wells Road

Suite, Apt. #, etc.

City & State

Orange Park FL

Zip

32073

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/01/94

5. FEI Number

59-3233979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

5/23/01 91153 030 158.75

7. Name and Address of Current Registered Agent

Name

Harish Bhakta

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

1762 Brittany Ct.

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

000005326770--4
-04/23/02--01061--025
****600.00 *** 600.00

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]

REGISTERED AGENT MUST SIGN

Date

3/30/02

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
P-D	Harish Bhakta	1762 Brittany Cr	Orange Park FL
S-D	Shobhna Bhakta	1762 Brittany Cr	Orange Park FL

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 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] HARISH BHAKTA

3/30/02

904 278 0639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)