


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**  
**02-03**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

03 MAY 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** *P95000061836*

**1. Corporation Name**

*Krishna Radha Inc*

**2. Principal Office Address**

**3. Mailing Office Address**

*8400 W. Oakland Ave. Blvd* *8400 W. Oakland Ave. Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

*SUNRISE, FL*

*SUNRISE, FL*

**Zip**

**Country**

**Zip**

**Country**

*33351* *USA*

*33351* *USA*

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

*8-10-95*

**5. FEI Number**

*65-0600170*

**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**

*Nikhil S. Mody*

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

*8400 W. Oakland Ave. Blvd.*

**Suite, Apt. #, Etc.**

**City**

*SUNRISE*

**State**

*FL*

**Zip Code**

*33351*

**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**

*3/25/03*

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<i>Pres.</i>	<i>Nikhil S. Mody</i>	<i>8400 W. Oakland Ave. Blvd</i>	<i>SUNRISE, FL - 33351</i>

**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]* *Nikhil S. Mody*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*3/25/03*

**Date**

*954-748-4528*

**Daytime Phone #**

CR2E081 (9/01)

*gs 5/25*

**KRISHNA RADHA, INC**  
**8400 W OAKLAND PARK BLVD**  
**SUNRISE, FLORIDA 33351**

**PHONE (954) 748-4528**

May 15, 2003

Florida Department of State  
Division of Corporations  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399

In RE: 2000, 2001, 2002 and 2003 Corporate Reinstatement  
Uniform Business Report Document P95000061836  
Rejected Filing Doc # W03000009697

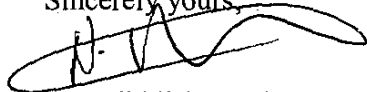
I wrote to you on March 25, 2003 and sent you \$ 450.00 fee for 3 years,  
On April 9, 2003 we looked up on Sunbiz to see if I was already registered and we found  
out that the filing was rejected.

My accountant made a phone call on April 9, 2003 and was told to submit a check for \$  
150.00 for year 2003 and this letter.

As I mentioned on my previous letter, I did not receive the annual reports and I found out  
I was not active when I met with my accountant to bring my books up to date.

Again I am hereby requesting that you abate any penalties you may impose.

Sincerely yours,



Mr. Nikhil S. Mody  
Company President