

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000098059**

1. Corporation Name

RADHA OF JACKSONVILLE, INC.

Principal Place of Business

1181 AIRPORT RD
JACKSONVILLE FL 32218

Mailing Address

1181 AIRPORT RD
JACKSONVILLE FL 32218



REINSTATEMENT 96ad

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BRAHMEHATT, PANKAJ C	1181 AIRPORT RD	JACKSONVILLE FL 32218

400002004104--B
-11/14/96--01021--013
***375.00 ***375.00

8. Name and Address of Current Registered Agent

BRAHMEHATT, PANKAJ C
1181 AIRPORT RD
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name **T. Geoffrey Heekin, Esq.**
Crabtree, Bartlett & Heekin
Street Address (P.O. Box Number is Not Acceptable)
8375 Dix Ellis Trail
Suite, Apt. #, Etc.
Suite 401
City
Jacksonville State **FL** Zip Code **32256**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

Date **11/6/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PANKAJ C. BRAHMEHATT

9-26-96

904-741-4000

Date Daytime Phone #

CR23140 (7/95)