CAPITAL CONNECTION 850 222 1222 12/14 '99 10:40 NO.404 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 16 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000098059

1. Corporation Name

Radha of Jacksonville, Inc.

Principal Place of Business / Mailing Address

1181 Airport Road
Jacksonville, FL 32218

REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/95

5. FEI Number: 59-3408924 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ [redacted]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T/D	P.J. Brahmbhatt	1181 Airport Road	Jacksonville, FL 32218
V/D	Nitin Brahmbhatt	1181 Airport Road	Jacksonville, FL 32218

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8. Name and Address of Current Registered Agent

T. Geoffrey Heekin
P.O. Box 477
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name: Baron L. Bartlett, P.A.
Street Address (P.O. Box Number is Not Acceptable): 50 A1A N., Suite 103
Suite, Apt. #, Etc.:
City: Ponte Vedra Beach State: FL Zip Code: 32082

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] Date: 12/15/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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] 12/15/99 (904) 741-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #