

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 17 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000017454**

1. Corporation Name

Namaskar, Inc.

2. Principal Office Address

407 Lincoln rd.

Suite, Apt. #, etc.

500

City & State

MIAMI BEACH, FL

Zip

33139

Country

3. Mailing Office Address

407 Lincoln rd

Suite, Apt. #, etc.

500

City & State

MIAMI BEACH, FL

Zip

33139

Country

800006068818--3

-06/27/02--01063--002

******300.00 ****300.00**

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/97

5. FEI Number

05-0731767

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

LUIS G. BERTO

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

407 Lincoln rd. 11

Suite, Apt. #, Etc.

#500

City

MIAMI BEACH

State

FL

Zip Code

33139

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 **6/10/02**

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

STPV MANOJ CHATURVEDI

630 6th St.

MIAMI BEACH, FL 33139

D MANOJ CHATURVEDI

630 6th St.

MIAMI BEACH, FL 33139

201.25 - AR

10.00 - AR ARTS

88.75 - AR SUP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/02

Date

Daytime Phone #

CR2E081 (9/01)