

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 AUG -3 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014488

1. Corporation Name  
DHARMASHAKTI, INC.

2. Principal Office Address  
1808 Oakmont Court

Suite, Apt. #, etc.

City & State  
Safety Harbor, FL

Zip  
34695

Country  
Pinellas

3. Mailing Office Address  
1808 Oakmont Court

Suite, Apt. #, etc.

City & State  
Safety Harbor, FL

Zip  
34695

Country  
Pinellas

600039869366  
08/04/04--01048--019 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida 2/13/1998

5. FEI Number  
59-3492065

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  
Menghraj S. Raghani  
Street Address (P.O. Box Number is Not Acceptable)  
1808 Oakmont Court  
Suite, Apt. #, Etc.

City  
Safety Harbor

State  
FL  
Zip Code  
34695

REINSTATEMENT 03-04

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 Menghraj S. Raghani (PRES.)  
REGISTERED AGENT MUST SIGN

Date 7.28.04

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
Pres	MENGHRAJ S. RAGHANI	1808 Oakmont Court	Safety Harbor, FL 34605
T/S	ASHA A. RAGHANI	1808 Oakmont Court	Safety Harbor, FL 34695
V.P.	VIKAS K. AHUJA	1808 Oakmont Court	Safety Harbor, FL 34695

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: Menghraj S. Raghani (PRES.)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.28.04  
Date

Daytime Phone #

CR2E081 (01/04)

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DHARMASHAKTI, INC  
1808 Oakmont Court  
Safety Harbor, FL 34695

July 28, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed is a Corporate Reinstatement Form and a check for \$300.00. I did not file the 2003 Uniform Business Report (UBR) and therefore did not get one for 2004. It is my intent to stay in business as a corporation and the only reason that the form was not filed as it was in the four previous years is that I did not receive the form.

When the form comes in I automatically sign it and enclose a check for \$150.00. Apparently, for that year (2003) I did not get the form. Please waive the \$400.00 reinstatement fee and reinstate my corporation with the payment of the two year fees.

Thank you for your cooperation.

Sincerely,

  
Menghraj S Ragahani  
President