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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 11 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002728

1. Corporation Name

BAPS Care International, Inc.

195 Main Street
195 Main Street

2. Principal Office Address

195 Main Street

3. Mailing Office Address

195 Main Street

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Suite 304

City & State

Metuchen, New Jersey

City & State

Metuchen, New Jersey

Zip

08840

Country

USA

Zip

08840

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 5 / 30 / 2002

5. FEI Number

77-0533155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Shailesh Patel

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

541 South East 18th Avenue

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

Date 1 / 3 / 2005

REGISTERED AGENT MUST SIGN

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
			300044501823 01/11/05--01015--025 **306.25
		Separate Sheet Attached	

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:

NILKANTH PATEL

1 / 3 / 2005

732-744-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2022

BAPS Care International

Name and Addresses of Directors and Officers

Name	Office / Title	Mailing Address			
Nilkanth Patel	President & Director	2939 Double Lake	Missouri City	TX	77459
Sudhir Patel	Vice President & Director	375 Ardsley Rd	Scarsdale	NY	10583
Anand Mehta	Secretary, Treasurer & Director	8240 High Hampton Chase	Alpharetta	GA	30022
Bhavesh Amin	Director	5849 Fox Hill Rd	Hilliard	OH	43026
Ghanshyam C. Patel	Director	15939 Pine Strand Ct.	West Palm Beach	FL	33414
Jitesh Kothari	Director	701 W. Imperial Hway #1315	La Habra	CA	90631
Yogendra Parmar	Director	1379 Omara Dr	Union	NJ	07083