

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# F02000002728

Entity Name: BAPS CHARITIES, INC.

Current Principal Place of Business:

81 SUTTONS LANE
SUITE 201
PISCATAWAY, NJ 08854

New Principal Place of Business:

Current Mailing Address:

81 SUTTONS LANE
SUITE 201
PISCATAWAY, NJ 08854

New Mailing Address:

FEI Number: 77-0533155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, NIBODH
541 SOUTHEAST 18TH AVENUE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NIBODH PATEL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATEL, NILKANTH
Address: 2939 DOUBLE LAKE
City-St-Zip: MISSOURI CITY, TX 77459

Title: VD () Delete
Name: MEHTA, ANAND
Address: 8240 HIGH HAMPTON CHASE
City-St-Zip: ALPHARETTA, GA 30022

Title: STD () Delete
Name: AMIN, BHAVESH
Address: 5849 FOX HILL RD
City-St-Zip: HILLIARD, OH 43026

Title: D () Delete
Name: VAGHASIA, GOVIND
Address: 2943 OLNEY PL
City-St-Zip: BURBANK, CA 91504

Title: D () Delete
Name: PARMAR, YOGENDRA
Address: 1379 OMARA DR
City-St-Zip: UNION, NJ 07083

Title: D () Delete
Name: RAJA, PRAFUL
Address: 4 ROSS AVE
City-St-Zip: EDISON, NJ 08820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILKANTH PATEL

PD

10/02/2009

Electronic Signature of Signing Officer or Director

Date