

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 19 PM 3:07

DOCUMENT # F04000000647

**1. Corporation Name**

RAMTECH SOFTWARE SOLUTIONS, INC.

**2. Principal Office Address - No P.O. Box #**

741 N GRAND AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

WAVKESHA, WI

Zip

53186

Country

USA

**3. Mailing Office Address**

292 MAIN STREET

Suite, Apt. #, etc.

SUITE 12

City & State

HACKENSACK, NJ

Zip

07601

Country

USA

800129802668  
05/19/08--01034--007 \*\*1445.00

CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/04/2004

**5. FEI Number**

22-3740594

☐ 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

MICHAEL STIZZA

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

149 NE 2nd AVE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

*Michael Stizza*

Date 5/13/08

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
PRES	MANISH SANWALKA	292 MAIN STREET, #12	HACKENSACK, NJ 07601
		REINSTATEMENT DS-08	

**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 contained in Chapter 119, 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:

*Chinoh Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08

Date

(954) 428-3144

Daytime Phone #