

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000004937

1. Corporation Name

Truscript Solutions, Inc.

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

3111 W. Dr Martin Luther King Jr Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

3. Mailing Office Address

3111 W. Dr Martin Luther King Jr Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

7. Name and Address of Current Registered Agent

Name

Blumberg Excelsior Corporate Services, Inc

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

12/16/09

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
President	Vaswani, Ravi	3111 W Dr Martin Luther King Jr Blvd	Tampa, FL 33607
CEO	Sundar, Raj	3111 W Dr Martin Luther King Jr Blvd	Tampa, FL 33607

10. E-mail Address: hyecpa@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 23 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163920904

12/23/09--01034--018 **150.00

12/08/09 01019 001 150.00

REINSTATEMENT

08.09

4. Data Incorporated or Qualified
To Do Business in Florida

01/01/2008

5. FEI Number

26-0484920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

☒ 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.