

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L64611

1. Entity Name
OOLITT ADVANTAGE INC.



FILED

04 OCT 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4627 DUNNIE DRIVE
TAMPA, FL 33614

Mailing Address
4627 DUNNIE DRIVE
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242004

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3144284

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, DEEPTY U
4627 DUNNIE DRIVE
TAMPA, FL 33614

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deepty U. Patel President

10/25/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

☒ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, DEEPTY U
STREET ADDRESS 4627 DUNNIE DR
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE TD
NAME PATEL, UMESH
STREET ADDRESS 4627 DUNNIE DR
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE S
NAME KOMAL, PATEL
STREET ADDRESS 4627 DUNNIE DR
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE PD
NAME PATEL, DEEPTY L
STREET ADDRESS 4627 DUNNIE DRIVE
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE S
NAME PATEL, KOMAL
STREET ADDRESS 4627 DUNNIE DRIVE
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deepty Patel President

10/25/04

813-496-9917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #