

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000012718

1. Entity Name
SOUTH MIAMI SAI CENTER, INC.



Principal Place of Business
2470 NW 102ND PLACE, UNIT 204
MIAMI, FL 33172

Mailing Address
2470 NW 102ND PLACE, UNIT 204
MIAMI, FL 33172

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

06 NOV 30 PM 3:00
TALLAHASSEE, FLORIDA

11212006 REIN-NP CR2E099 (11/05)

4. FEI Number **68-0619930**
Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent
ABRAMS, PERLA F. ESQ.
9400 S. DADELAND BLVD., PH-3
MIAMI, FL 33156

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AHUJA, CHANDRA 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700082178077 11/30/06--01045--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SABNANI, SURESH 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DASWANI, PRITAM 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMGOOLAM, USHA 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM SUJAN, TONY 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT *Ob*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #