## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000067332

Entity Name: RAMSES, INC.

FILED Nov 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10464 PHILIPS HWY, #204 JACKSONVILLE, FL 32256

**Current Mailing Address: New Mailing Address:** 

10464 PHILIPS HWY, #204 JACKSONVILLE, FL 32256

FEI Number: 59-3658410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOKA, KAMAL Z 10464 PHILIPS HWY, #204 JACKSONVILLE, FL 32256 US

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: KAMAL Z. LOKA

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

LOKA, KAMAL Z Name: Name: LOKA, KAMAL Z

7901 BAYMEADOWS CIR E #321 10464 PHILLIPS HIGHWAY SUITE 204 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

( ) Delete Title: Title: (X) Change ( ) Addition ABSKHARON, NAGEH Y Name: Name: ABSKHARON, NAGEH Y

Address:

3401 TOWNSEND BLVD, APT 202 S 10464 PHILLIPS HIGHWAY, SUITE 204 Address:

JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete

BESHARA, ADEL Z Name: BESHARA, ADEL Z Name: 10200 BELLE RIVER BLVD 35 10631 CROOKED TREE CT Address: Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAMAL Z. LOKA **PRES** 11/28/2005