

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000055590

1. Entity Name
BRAHMAS INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -1 PM 4:24

Principal Place of Business

6200 34TH ST NORTH
PINELLAS PARK, FL 33781

Mailing Address

6200 34TH ST NORTH
PINELLAS PARK, FL 33781

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Accounting Consultants

Suite, Apt. #, etc.

5401 Central Ave.

City & State

St. Petersburg, FL

Zip
33710

Country

10222004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3723984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, HARISH J
5649 49TH ST N
ST PETERSBURG, FL 33709

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 \$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 | <input type="checkbox"/> Delete |
| NAME | PATEL, HARISH J | |
| STREET ADDRESS | 6200 34TH ST NORTH | |
| CITY-ST-ZIP | PINELLAS PARK, FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PATEL, ARVIND | |
| STREET ADDRESS | 6200 34TH ST NORTH | |
| CITY-ST-ZIP | PINELLAS PARK, FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PATEL, SANJAY M | |
| STREET ADDRESS | 6200 34TH ST NORTH | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 000042360550 | |
| CITY-ST-ZIP | 11/01/04--01064--006 **150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: MANNY PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/04

11/4/04

212

Mr. Sanjay Patel
Brahmas, Inc.
6200 34th Street N.
St. Petersburg, FL 33781

October 25, 2004

Florida Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, Fl 32302-1500

Dear Agent:

Please abate the penalty for late filing for the above referenced corporation as the form for this year was never received.

Best regards,

Sanjay Patel
Director