

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000080711

1. Corporation Name

Sitaran, Inc.

2. Principal Office Address

8072 SR 6 West

Suite, Apt. #, etc.

City & State

Jasper, FL

Zip

32052

Country

USA

3. Mailing Office Address

8072 SR 6 West

Suite, Apt. #, etc.

City & State

Jasper, FL

Zip

32052

Country

USA

FILED
05 DEC -8 PM 2:51

SECRET
FALL 2005

CR2E081-(8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-13-01

5. FEI Number

59 3756382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH M. DANIELS, CPA

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

108 Central Ave NW

Suite, Apt. #, Etc.

City

Jasper

State

FL

Zip Code

32052

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

KATH M. DILL CPA

Date

12-5-05

REGISTERED AGENT MUST SIGN

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
P	PANKAJ Patel	8072 SR 6 West	Jasper, FL 32052

100062021611

12/08/05--01046--020--**1650.00

REINSTATEMENT 04-05
B. 12/9/05

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

PANKAJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-05

Date

386-792-1906

Daytime Phone #