

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000080711

1. Corporation Name

Sitaram, Inc

2. Principal Office Address - No P.O. Box #

8072 SR 6 West

Suite, Apt. #, etc.

3. Mailing Office Address

8072 SR 6 West

Suite, Apt. #, etc.

City & State

Jasper, FL

City & State

Jasper, FL

Zip

32052

Country

USA

Zip

32052

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Kenneth M Daniels, CPA PA

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

108 Central Avenue NW

Suite, Apt. #, Etc.

City

Jasper

State

FL

Zip Code

32052

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/2001

5. FEI Number

59-3756382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 05/11/2009

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

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 contained in Chapter 119, 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 Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/2009

Date

386-965-1267

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 18 PM 1:40

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REINSTATEMENT 07-09ks