

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 29 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087585

1. Corporation Name

RPH Solution, Inc.

2. Principal Office Address - No P.O. Box #
4106 HARBOR LAKE DR

Suite, Apt. #, etc.

City & State

LUTZ, FL

Zip

33558

Country

US

3. Mailing Office Address

2143 LONGLEAF CIRCLE

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33810

Country

US

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 4, 2001

5. FEI Number

753020753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rakesh Patel

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

2143 Longleaf Circle

Suite, Apt. #, Etc.

City

Lakeland,

State

FL

Zip Code

33810

☐ 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.

B. 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

REGISTERED AGENT MUST SIGN

Date 12/29/2009

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
PD	Haresh Patel	18156 SANDY POINTE DR	Tampa, FL 33647
VD	Hemlata Patel	18156 SANDY POINTE DR	Tampa, FL 33647
TD	Rakesh Patel	2143 LONGLEAF CIRCLE	Lakeland, FL 33810
SD	Varsha Patel	2143 LONGLEAF CIRCLE	Lakeland, FL 33810
REINSTATEMENT RH			

10. E-mail Address: RAKESH2143@NETZERO.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: charleswallerpa@tampabay.rr.com

**CORPORATION REINSTATEMENT
RPH SOLUTION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

RH