

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000028453

1. Entity Name
SUNTEL INC.



FILED

05 SEP 27 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5649 49 ST NORTH
ST PETERSBURG, FL 33709

Mailing Address
5649 49 ST NORTH
ST PETERSBURG, FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09192005

REIN-P

CR2E098 (6/04)

4. FEI Number
01-0627660

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, HARISH J DR
5649 49 ST NORTH
ST PETERSBURG, FL 33709

Name

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

09/29/05--01059--028 **750.00

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 \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, HARISH J DR
STREET ADDRESS 7901 BAYOU CLUB BLVD.
CITY-ST-ZIP LARGO, FL 33777 ☐ Delete

TITLE D
NAME PATEL, ASHOK M
STREET ADDRESS 13724 74TH AVE. N.
CITY-ST-ZIP SEMINOLE, FL 33625 ☒ Delete

TITLE VD
NAME PATEL, ARVIND C
STREET ADDRESS 12802 MIRAMAR PL.
CITY-ST-ZIP TAMPA, FL 33625 ☒ Delete

TITLE D
NAME PATEL, SANJAY M
STREET ADDRESS 6200 34 ST NORTH U.S. 19
CITY-ST-ZIP PINELLAS PARK, FL 33781 ☒ Delete

TITLE PDTS
NAME HARISH, PATEL J
STREET ADDRESS 5649 49 ST N
CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ☐ Delete

TITLE VDTs
NAME ASHOKM, PATEL
STREET ADDRESS 13724 74TH AVE
CITY-ST-ZIP SEMINOLE, FL 33025 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME HEMA H-PATEL ☐ Change ☒ Addition
STREET ADDRESS 5649 49 ST N VDTs
CITY-ST-ZIP ST Pete FL 33709

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #