

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -9 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600131088896
06/03/09--01054--009 **450.00

REINSTATEMENT 06-08
CR2E081 (12/07)

DOCUMENT # P03000027597

1. Corporation Name

RAMJIT & SONS TRUCKING, INC.
7659 COUNTRY RUN PARKWAY
ORLANDO, FL 32818

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

7659 COUNTRY RUN PARKWAY

Suite, Apt. #, etc.

3. Mailing Office Address

7659 COUNTRY RUN PARKWAY

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip Country

32819 USA

City & State

ORLANDO, FL

Zip Country

32819 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/2003

5. FEI Number

51-0450737

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

LYSANDER THORPE

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

6327 PINEY GLEN LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819



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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/1/08

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
PRES	HAMECHANDRA S RAMJIT	7659 COUNTRY RUN PARKWAY	ORLANDO, FL 32818
SEC	SURUTAI S RAMJIT	7659 COUNTRY RUN PARKWAY	ORLANDO, FL 32818

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/08

Date

407-292-0529

Daytime Phone #