

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 AUG 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242005 REIN-P

CR2E098 (6/04)

04-05

DOCUMENT # P03000060528

1. Entity Name
SANT ENTERPRISES INC



Principal Place of Business

2787 POST ROCK DRIVE
TARPON SPRINGS, FL 34689

Mailing Address

2787 POST ROCK DRIVE
TARPON SPRINGS, FL 34689

2. Principal Place of Business

6704 U.S. Highway 301 S.
Riverview, FL 33569

3. Mailing Address

6704 U.S. Highway 301 S.
Riverview, FL 33569

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Riverview FL

Zip

33569

Country

USA

Zip

33569

Country

USA

4. FEI Number

☒ 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

BORACHI, NAZIMUDDIN S
2787 POST ROCK DRIVE
TARPON SPRINGS, FL 34689

Name

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

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

Nazimuddin S. Borachi

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BORACHI, NAZIMUDDIN S	
STREET ADDRESS	2787 POST ROCK DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BORACHI, SHAMIMARA N	
STREET ADDRESS	2787 POST ROCK DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

K. Eckel AUG 12 2008

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08/23/05--01021--008 **900.00

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:

Nazimuddin S. Borachi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05

Date

813 388 2117

Daytime Phone #