

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000093863

1. Entity Name
S & R BUSINESSES, INC.



FILED

07 MAR / AM 10:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2880 GROVEWOOD BLVD.
PALM HARBOR, FL 34683 US

Mailing Address
16528 N. DALE MABRY HWY
TAMPA, FL 33618 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2880 Grovewood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

02272007

REIN-P

CR2E098 (1/07)

City & State

City & State

Palm Harbor FL

4. FEI Number

20-1260621

Applied For

Not Applicable

Zip

Country

Zip

Country

34683

Pinellas

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

SANDERS, WALTER
16528 N. DALE MABRY HWY
TAMPA, FL 33618

Name

RAJPUT SACHANAND

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

2880 Grovewood Blvd Unit C

City

Palm Harbor

FL

Zip Code

34683

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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAJPUT, SACHANAND
2880 GROVEWOOD BLVD.
PALM HARBOR, FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 06-07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RAI, PAHLAJ
2880 GROVEWOOD BLVD.
PALM HARBOR, FL 34683 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition
200091014842
03/06/07--01026--008 **300.00

TITLE
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☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
jc 3/2

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

2/27/07 (727) 7721859