

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P04000097549</b> 1. Entity Name <b>SHRISITARAM, INC.</b>					
Principal Place of Business <b>23700 HWY 27</b> <b>LAKE WALES, FL 33859</b>			Mailing Address <b>23700 HWY 27</b> <b>LAKE WALES, FL 33859</b>		
2. Principal Place of Business <b>2520 US HWY 92 WEST</b>		3. Mailing Address <b>4 TWIN LANE NW</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WINTERHAVEN, FL</b>		City & State <b>WINTERHAVEN, FL</b>		4. FEI Number <b>43-2057963</b>	
Zip <b>33881</b> Country <b>USA</b>		Zip <b>33881</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATEL, RAJNIKANT S</b> <b>23700 HWY 27</b> <b>LAKE WALES, FL 33859</b>			7. Name and Address of New Registered Agent Name <b>PATEL RAJNIKANT. S</b> Street Address (P.O. Box Number is Not Acceptable) <b>4 TWIN LANE NW</b> City <b>WINTERHAVEN FL</b> Zip Code <b>33881</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME PATEL, RAJNIKANT S STREET ADDRESS 23700 HWY 27 CITY-ST-ZIP LAKE WALES, FL 33859	<input type="checkbox"/> Delete		TITLE PST RAJNIKANT. S. PATEL NAME 4 TWIN LANE NW STREET ADDRESS WINTERHAVEN, FL, 33881 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <b>863-229-8030</b> Daytime Phone #		

*Pg 9c 2012*

RAJNIKANT.S PATEL  
4 TWIN LANE NW  
WINTER HAVEN,FL,33881  
October 17, 2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Ms. Debra S Cooper

**Re: SHRI SITARAM INC**

Dear Ms. Cooper:

Thank you for renewing our corporation, since I never got this application due to moving from one location to other.

I have written my permanent home address as above where I get all my mails

If you have any questions, give me a call. 863-229-8030

Sincerely,

Rajnikant.S patel