

2006 FOR PROFIT CORPORATION
REINSTATEMENT

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FILED

06 NOV -2 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000097549

1. Entity Name
SHRISITARAM, INC.



Principal Place of Business
23700 HWY 27
LAKE WALES, FL 33859

Mailing Address
23700 HWY 27
LAKE WALES, FL 33859

2. Principal Place of Business

2520 US HWY 92 WEST
Suite, Apt. #, etc.

3. Mailing Address

4 TWIN LANE NW

Suite, Apt. #, etc.

City & State
WINTERHAVEN, FL

Zip 33881 Country USA

City & State
WINTERHAVEN, FL

Zip 33881 Country USA

4. FEI Number

43-2057963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, RAJNIKANT S
23700 HWY 27
LAKE WALES, FL 33859

7. Name and Address of New Registered Agent

Name PATEL RAJNIKANT. S

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

4 TWIN LANE NW

City WINTERHAVEN FL Zip Code 33881

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PST
NAME PATEL, RAJNIKANT S
STREET ADDRESS 23700 HWY 27
CITY-ST-ZIP LAKE WALES, FL 33859

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME RAJNIKANT. S. PATEL
STREET ADDRESS 4 TWIN LANE NW
CITY-ST-ZIP WINTER HAVEN, FL 33881

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-229-8030

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

FLORIDA DEPARTMENT OF STATE
DIVISON 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