

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000171076

1. Entity Name  
V CONNECT U INC.



05 SEP 30 PM 2: 22

Principal Place of Business  
1322 SEAGATE DR.  
PALM HARBOR, FL 34685 US

Mailing Address  
1322 SEAGATE DR.  
PALM HARBOR, FL 34685 US

2. Principal Place of Business  
459 BRANDON TOWN CENTER  
Suite, Apt. #, etc. 9095

3. Mailing Address  
3803 Preserve Court  
Bldg 14 Apt 204  
Suite, Apt. #, etc.

City & State  
BRANDON FL

City & State  
TAMPA FL



REINSTATEMENT (6/04) 05

4. FEI Number  
20-2348772

Applied For  
Not Applicable

Zip  
33511  
Country  
USA

Zip  
33624  
Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BAJAJ, SAMEER  
9454 PHILIPS HIGHWAY  
# 7A  
JACKSONVILLE, FL 32256

## 7. Name and Address of New Registered Agent

Name  
BAJAJ, SAMEER  
Street Address (P.O. Box Number is Not Acceptable)  
3803 Preserve Court, Bldg 14 Apt 204  
City TAMPA FL Zip Code 33624

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 *S. B. B. B.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/21/05.  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

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

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME BAJAJ, SAMEER  
STREET ADDRESS 9454 PHILIPS HIGHWAY, # 7A  
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3803 Preserve Ct, Bldg 14 Apt 204  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100060216941  
CITY-ST-ZIP 10/04/05--01063--015 \*\*150.00

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

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

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

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

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: *S. B. B. B.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/05  
Date

904-434-2020  
Daytime Phone #