

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 16 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000013964

1. Corporation Name

TELESIS CAPITAL PARTNERS, INC

400160735184
09/16/09--01044--006 **600.00

2. Principal Office Address - No P.O. Box #

2605 72nd Avenue E

3. Mailing Office Address

2605 72nd Avenue E

Suite, Apt. #, etc.

M/S 322

Suite, Apt. #, etc.

M/S 322

City & State

Ellenton, Florida

City & State

Ellenton, Florida

Zip

34222

Country

USA

Zip

34222

Country

USA

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/2005

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mr. Hasit Vibhakar

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

2605 72nd Avenue E

Suite, Apt. #, Etc.

M/S 322

City

Ellenton

State

FL

Zip Code

34222

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date September / 14 / 2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Hasit Vibhakar	2605 72nd Avenue E, M/S 322	Ellenton, FL 34222

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MR. HASIT VIBHAKAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2009

Date

941-932-8234

Daytime Phone #