

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000080779

1. Entity Name
AUNTA INC.



FILED

09 FEB 17 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7843 NW 111 CT.
DORAL, FL 33178 US

Mailing Address
11450 NW 60TH TERR
289
MIAMI, FL 33178 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 REINSTATEMENT 08-09

4. FEI Number
20-2942129

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

KUMAR, SUDHIR
7843 NW 111 CT.
DORAL, FL 33178

Name

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

City

FL

Zip Code

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 P ☐ Delete
NAME KUMAR, SUDHIR
STREET ADDRESS 114050 NW 60TH TERR (289)
CITY-ST-ZIP MIAMI, FL 33178

TITLE P ☒ Change ☐ Addition
NAME KUMAR, SUDHIR
STREET ADDRESS 7843 NW 111 CT
CITY-ST-ZIP DORAL (FL) - 33178

TITLE VP ☐ Delete
NAME KUMARI, MAMTA
STREET ADDRESS 114050 NW 60TH TERR (289)
CITY-ST-ZIP MIAMI, FL 33178

TITLE VP ☒ Change ☐ Addition
NAME KUMARI, MAMTA
STREET ADDRESS 7843 NW 111 CT
CITY-ST-ZIP DORAL (FL) - 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 #