

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

DOCUMENT # P06000079193			
1. Entity Name SUBH ENTERPRISE INC			
Principal Place of Business 3825 W SILVER SPRINGS BLVD OCALA, FL 34482 US		Mailing Address 11191 SE 55TH AVE RD UNIT 704 BELLEVUE, FL 34420 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11191 SE 55TH AVE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 605	
City & State		City & State BELLEVUE, FL	
Zip	Country	Zip	Country
34420	US	34420	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAPADIA, HARSHAD D 11191 SE 55TH AVE RD UNIT 704 APT 605 BELLEVUE, FL 34420		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAPADIA, HARSHAD D 11191 SE 55TH AVE RD UNIT 704 BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11191 SE 55TH AVE RD, APT 605 BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BHARAT, ZARIWALA 11539 SE 54TH AVE BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139203671 12/22/08--01052--002 **150.00
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 life empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12/18/08 352-629-5389 Date Daytime Phone #	

12/23/08