

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**

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  
BELLEVIEW, FL 34420 US

2. Principal Place of Business - No P.O. Box #  
**11191 SE 55TH AVE RD**  
Suite, Apt. #, etc.  
**605**  
City & State  
**BELLEVIEW, FL**  
Zip      Country  
**34420**      **US**



12172008 REIN-P CR2E098 (1/07)

4. FEI Number <b>20-5012482</b>	Applied For <input checked="" type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

CHAPADIA, HARSHAD D  
11191 SE 55TH AVE RD  
**UNIT 704 APT 605**  
BELLEVIEW, FL 34420

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \$150.00**  
**After January 1, 2009, 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      CHAPADIA, HARSHAD D  
STREET ADDRESS      11191 SE 55TH AVE RD UNIT 704  
CITY- ST- ZIP      BELLEVIEW, FL 34420

TITLE      VP  
NAME      BHARAT, ZARIWALA  
STREET ADDRESS      11539 SE 54TH AVE  
CITY- ST- ZIP      BELLEVIEW, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change     Addition  
**11191 SE 55TH AVE RD, APT 605**  
**BELLEVIEW, FL 34420**

Change     Addition  
**100139203671**  
12/22/08--01052--002    **\*\$150.00**

TITLE  
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

12/18/08 352-629-5318  
Date Daytime Phone #

12/23/08  
20