

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000085209

1. Entity Name
SEETHA ENTERPRISES CORPORATION



FILED
09 APR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1190 NE 34TH COURT
OAKLAND PARK, FL 33334

Mailing Address
177 WOODLANDS ROAD
PALM SPRINGS, FL 33461

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
3101 NW 24TH WAY
Suite, Apt. #, etc.

City & State
City: OAKLAND PARK FL

Zip
33309

Country
BROWARD



4. FEI Number
56-2595451

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

6. Name and Address of Current Registered Agent
CHAN SINGH CPA, PA
6110 SW 190 AVENUE
SW RANCHES, FL 33332

7. Name and Address of New Registered Agent
Name: KIRUDDINAN BALASUBRAMANIAM
Street Address (P.O. Box Number is Not Acceptable):
4702 NW 120 WAY
City: CORAL SPRINGS FL Zip Code: 33076

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: *Kiruddinan* DATE: 4/17/09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS GADDAM, VIJAY GOPAL 177 WOODLANDS ROAD PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GADDAM, VIJAY GOPAL 3101 NW 24TH WAY OAKLAND PARK FL 33309 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Murthy</i> <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	800151478898 04/21/09--01024--010 **300.00
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
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 like empowered.

SIGNATURE: *[Signature]* **04-17-2009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #