2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000135586

Title:

Name:

Address:

City-St-Zip:

FILED May 11, 2009 Secretary of State

Entity Name: RAMDASS SALES AND SERVICE CORP			
Current Principal Place of Business:		New Principal Place of Business:	
	5TH STREET RAL, FL 33914		
Current Ma	ailing Address:	New Mailing Address:	
	5TH STREET RAL, FL 33914		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
GOKOOL, I 2309 NW 1 CAPE COR		RAMDASS, MICHAEL 1810 SW 25TH STREET CAPE CORAL, FL 33914 US	
The above in the State		purpose of changing its registered office or registered agent, or be	oth,
SIGNATURE: MICHAEL RAMDASS		05/11/2009	
	Electronic Signature of Registered Ac	gent Date	
	e with s. 607.193(2)(b), F.S., the corporation did r paign Financing Trust Fund Contribution().	not receive the prior notice.	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS:
Title: Name: Address: City-St-Zip:	P () Delete RAMDASS, MICHAEL 1810 SW 25TH STREET CAPE CORAL, FL 33914	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VP () Delete RAMDASS, KAMLAWTIE 1810 SW 25TH STREET CAPE CORAL, FL 33914	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete RAMDASS, RISHI 1810 SW 25TH STREET CAPE CORAL, FL 33914	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete RAMDASS, ANDERSON 1810 SW 25TH STREET CAPE CORAL, FL 33914	Title: () Change () Addition Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL RAMDASS Ρ 05/11/2009

(X) Delete

GOKOOL, KAREN

2309 NW 10TH AVE

CAPE CORAL, FL 33993

() Change () Addition