


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2007 NOV -5 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034719	
1. Entity Name SAREN INC.	

Principal Place of Business 1410 MAIN STREET SARASOTA, FL 34236	Mailing Address 1410 MAIN STREET SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10192007 REIN-P 3129107 90030 044 150-00  
CR2E098 (1/07)

4. FEI Number 65-0917271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PATEL, ASHA 8335 BARTON FARMS BLVD. SARASOTA, FL 34240	
7. Name and Address of New Registered Agent 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PATEL, ASHA 8335 BARTON FARMS BLVD SARASOTA, FL 34240 <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	D PATEL, ASHA 8335 BARTON FARMS BLVD SARASOTA, FL 34240 <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 like empowered.

SIGNATURE: ASHA PATEL ASHA PATEL 11/1/07 941-957-6433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/7/07

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Lori-Nan Mihaley, PA  
Certified Public Accountant

2999 S. Tamiami Trail  
Sarasota, FL 34239  
Phone: (941) 365-7370  
Fax: (941) 366-4967  
Port Charlotte: 1 (800) 940-7371

Member of:  
American Institute of CPA's  
Florida Institute of CPA's  
American Women's Society of CPA's  
E-mail: LNM@gte.net

1 NOVEMBER 2007

Florida Department of State  
P O Box 1500  
Barbara Mitchell  
Tallahassee FL 32302

Name: SAREN INC FEIN: 65-0917271  
Document# P99000034319

Dear Ms. Mitchell,

Enclosed within please find a completed form for our client listed above.

Saren, Inc did file this form and enclosed a check of \$ 150.00 in March of this year. This check has cleared their bank account. Unbeknown to our client she failed to sign the form. She received postcard type reminders to file but dismissed them as she had already paid and filed.

After reviewing this situation and the timely manner in which this business has paid in the past it is my hope you will waiver any late fees or penalties that may have occurred. This would be gratefully appreciated.

If you should require any more information in this matter please feel free to contact me at the above address and/or phone number.

Sincerely,



Judi Ahearn

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