

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 JUN 28 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V19843

1. Corporation Name

SANTRAM ENTERPRISE, INC.

2. Principal Office Address

2590 Atlantic Av

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip
32951

Country
USA

3. Mailing Office Address

2590 Atlantic Av

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip
32951

Country
USA

REINSTATEMENT

97-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/06/1992

SP

5. FEI Number

59-3113813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KELLY, ARTHUR S ESQ

700003314757-3

Street Address (P.O. Box Number is Not Acceptable)

3270 Suntree Blvd

-07/06/00--01040--026

***1200.00 ***1200.00

Suite, Apt. #, Etc.

210

City

Melbourne

State
FL

Zip Code
32940

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 6-27-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P T S D	PARMAR, UDAYSINH S	2590 ATLANTIC AV	MELBOURNE BEACH FL 32951

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UDAY PARMAR

6.27.00 (321)9518329

Date

Daytime Phone #

CR2E081 (9/99)