

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V19843

1. Entity Name
SANTRAM ENTERPRISE, INC.



05 JUN 23 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2590 ATLANTIC AVENUE
MELBOURNE BEACH, FL 32951

Mailing Address
2590 ATLANTIC AVENUE
MELBOURNE BEACH, FL 32951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3113813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, ARTHUR S ESQ.
3270 SUNTREE BLVD., SUITE 210
MELBOURNE, FL 32951

Name
James L. Reinman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1825 Riverview Drive

City Melbourne FL Zip Code 32901

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

June 21, 2005

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 PSTD
STREET ADDRESS PARMAR, UDAYSINH S
CITY-ST-ZIP 2590 ATLANTIC AVENUE
MELBOURNE BEACH, FL 32951 ☐ Delete

TITLE
NAME Assistant Secretary
STREET ADDRESS James L. Reinman, Esq.
CITY-ST-ZIP 1825 Riverview Drive
Melbourne, FL 32901 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

June 21, 2005

Date

321 768 2001

Daytime Phone #