2002-2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ LLC
~~REINSTATEMENT~~
UBR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
2003 JUL 31 PM 12:32
DIVISION OF CORPORATIONS

8/19

DOCUMENT # L98000000531

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08/21/03--01018--018 **100.00

1. Corporation Name

SUMERU HEALTH CARE GROUP, LLC

2. Principal Office Address	3. Mailing Office Address
13911 LAKESHORE BLVD	C
Suite, Apt. #, etc. SUITE G	Suite, Apt. #, etc.
City & State HUDSON, FL	City & State
Zip / Country 34667 / USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 4/20/98

5. FEI Number 59-3510679 — 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
KUTTY, MOHAN

Street Address (P.O. Box Number is Not Acceptable)
13911 LAKESHORE BLVD, STE G

Suite, Apt. #, Etc.
SUITE G FL 34667

City / State / Zip Code
HUDSON FL 34667

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/D	KUTTY, MOHAN MGRM	13911 LAKESHORE, #G	HDUSON, FL 34667

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: Mohan Kutty JULY 2, 2003 727-862-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #