

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

172

FILED

02 OCT 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087358

1. Corporation Name

SUGAMUXI CORP.

Principal Place of Business

Mailing Address

13800 MAGNOLIA GLEN CR.
ORLANDO FL 32828

13800 MAGNOLIA GLEN CR.
ORLANDO FL 32828

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

11-6-02 01032 008 758⁷⁵



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3752132

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CORREDOR, JOSELIN	13800 MAGNOLIA GLEN CR.	ORLANDO FL 32828
V	CORREDOR, NELLY	13800 MAGNOLIA GLEN CIRCLE	ORLANDO FL 32828

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINEDO, IVONNE
2250 S.W. 3RD AVENUE
SUITE 201
MIAMI FL 33129

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

09/23/02

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nelly Corredor (407) 482-1923

Date

Daytime Phone #

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October 24, 2002

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

Re Application for Reinstatement
Document # P01000087358
Sugamuxi Corp.

Please be advised that we are returning the application for reinstatement signed. The fees were sent by the corporation on October 15, 2002.

Thanks for your assistance.



Ivonne Pinedo
Registered Agent
Sugamuxi Corp.