2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000130111

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLOKER CORPORATION

FILED Sep 28, 2009 Secretary of State

	io. Teorier c	on on their			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	159 TERRACE ES, FL 33016	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	159 TERRACE ES, FL 33016	US			
FEI Number:	20-3509395	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
12839 NW	JOSE C.P.A 18 COURT E PINES, FL 3	3028 US			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: JOSE THO	MAS			
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no	t receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () [THOMAS, SUNN 7990 NW 159 TE MIAMI, FL 33010	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E GEORGE, JOSE 15183 SW 157 T MIAMI, FL 3318	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E PULICK, JOSE 12499 SW 123 F MIAMI, FL 33186		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E AICKARA, JOSEI 4527 WEST CIRC VALRICO, FL 33	CLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUNNY THOMAS P 09/28/2009

() Delete

WEST HARTFORD, CT 06110 US

CHENNADU, THOMAS A

4 YOUNG LANE

() Change () Addition