

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 APR 22 PM 12:05

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DOCUMENT # *P9*7000058525

1. Corporation Name

Suray Investments Florida, Inc.

Principal Place of Business

Mailing Address

**1338 South Killian Drive Suite 7
 Lake Park, Florida 33403**

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

REINSTATEMENT *98-99*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

above
 Suite, Apt. #, etc.

above
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

7/2/97

5. FEI Number

65-0790718

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Aniqah Quraeshi	1338 S. Killian Drive #7	Lake Park, FL 33403



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8. Name and Address of Current Registered Agent

**Bruce Keihner
 411 S. County Road
 Suite 200**

9. Name and Address of New Registered Agent

Name
Barbara Guncheon
 Street Address (P.O. Box Number is Not Acceptable)
1338 S. Killian Drive
 Suite, Apt. #, Etc.
Suite 7
 City
Lake Park,

State | Zip Code
FL | 33403

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.

Signature of Registered Agent

Barbara Guncheon
 REGISTERED AGENT MUST SIGN

Date

April 9, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Aniqah Quraeshi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-1999
 Date

Desktop Phone #

*(501)
 848-xxxx*

CR2001 (2-98)