PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 361788

1. Corporation Name
SUMA, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
307 NE 6TH AVENUE	PO BOX 13109
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32601 Country: US	Zip: 32604 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1288704 ☐ 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: MOSS, D. STEPHEN

800025761248
12/26/03--01006--022 **150.00

Street Address (P.O. Box Number is Not Acceptable): 307 NE 6TH AVENUE

Suite, Apt. #, Etc.:

City: GAINESVILLE State: FL Zip Code: 32601

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: 23 DEC 2003
REGISTERED AGENT MUST SIGN

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
PTD	MOSS, D. STEPHEN	307 NE 6TH AVENUE	GAINESVILLE, FL 32601
SD	MOSS, JOEL S	47 WEST NEW HAVEN, #200	MELBOURNE, FL 32901

10. I certify that I am an officer or director of 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: _____ D. STEPHEN MOSS 23 DEC 2003 352 246263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

December 23, 2003

To Whom It May Concern:

We did not receive our annual report form, and I was not aware that my renewal time had expired. Please reinstate my corporation at your absolute earliest convenience, since my insurance renewal hinges on my status with the state.

I apologize for this horrible oversight.

Sincerely,

D. Stephen Moss