

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.

2. Principal Office Address

307 NE 6th AVENUE

3. Mailing Office Address

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

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FBI Number

59-1288704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$675 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOSS, D. STEPHEN

800025761248

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

307 NE 6th AVENUE

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

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 607.0606 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

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)

Title	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 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)(b), 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

D. STEPHEN MOSS

23 DEC 2003

Date

Daytime Phone #

352

246 6263

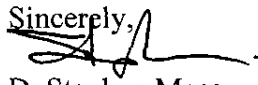
December 23, 2003

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