

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 AUG -3 PM 2:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **435112**

1. Corporation Name
TUMA SPECIALTY SALES CORP.

Principal Place of Business: **4950 S.W. 75TH AVENUE MIAMI FL 33155**
 Mailing Address: **4950 S.W. 75TH AVENUE MIAMI FL 33155**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/19/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1495887	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	TUMA, SALVADOR	2900 SW 127TH AVE	MIAMI FL
V	TUMA, MARLON	2900 SW 127TH AVE	MIAMI FL
ST	TUMA, MABEL	2900 SW 127TH AVE	MIAMI FL
REINSTATEMENT			97-98 8/4

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TUMA, SALVADOR 4950 S.W. 75TH AVENUE MIAMI FL 33155		Name MARLON TUMA Street Address (P.O. Box Number is Not Acceptable) 2900 SW 127 AVE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33175	

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: *[Signature]* Date: **7/31/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *[Signature]* Date: **7/31/98** Daytime Phone #: **305-261-6666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/97)