

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
99 OCT 28 PM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **519585**

1. Corporation Name

SUMINA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

732 NW 76TH AVE
MIAMI FL 33126-2917
US

732 N2 76TH AVE
MIAMI FL 33126-2917
US

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

2. New Principal Office Address, If Applicable

732 E 31st Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip **33013**

Country **USA**

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1976

5. FEI Number

59-1696912

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	4 City / State / Zip
PD	KOBERG, SIGURD	3625 N COUNTRY CL. #2006	AVENTURA FL 33180
VD	KOBERG, RONALD F	3625 N COUNTRY CLUB DR #2005	AVENTURA FL 33180
STD	KOBERG, ANA VICTORIA	3625 N COUNTRY CLUB CR #2006	AVENTURA FL
			500003034215--3 -11/03/99--01074--018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOBERG, SIGURD
3625 N. COUNTRY CLUB DRIVE., APT. 2006
AVENTURA FL 33180

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

REGISTERED AGENT MUST SIGN

Date **Oct. 22, 1999**

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGURD KOBERG, PRESIDENT

Date

Daytime Phone #

Oct 22, 1999 305 835 0912

CS223040 (3/99)