PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 28 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002928

1. Corporation Name
SUSSUMA ENTERPRISES, INC.

100008636461
10/28/02--01122--004 **900.00
REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
3605 54thDrive West	3605 54th Drive West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton
Zip: 34207 Country: USA	Zip: FL Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 6/16/95

5. FEI Number: 591930909 ☐ 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: LAWRENCE M. HANKIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1820 Ringling Boulevard

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34236

CR2E064 (9-01)

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 _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addressos 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
DPST	NORBERT PETERS	3605 54th Drive West	Braadenton, FL 34207

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)(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.

941-758 5480

SIGNATURE: X NORBERT PETERS 10.15.2002 (011498929073633)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #