


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04-07
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 30 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95635
1. Corporation Name SUNTRAX CORPORATION

200086715372
01/30/07--01028--017 **493.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 8527 W. SOUTHGATE
Suite, Apt. #, etc. SHORES CIRCLE
City & State TAMARAC, FL
Zip 33321 Country U.S.A.

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8/23/1982

5. FEI Number ☒ 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 H. HAIDER
Street Address (P.O. Box Number is Not Acceptable) 8527 W. SOUTHGATE SHORES CIR
Suite, Apt. #, Etc.
City TAMARAC State FL Zip Code 33321

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Hadiqa Haider Date 1/19/2007
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
PD	H. HAIDER	8527 W South Gate Shores Cir	TAMARAC FL 33321

200086715372
01/30/07--01028--018 **150.00

1/30/07

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 contained in Chapter 119, 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: Hadiqa Haider HADIQA HAIDER 1/19/07 (954) 726-2839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #