

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 12:39

DOCUMENT # F98000006152

1. Corporation Name

Sudhakar Company, Inc.

2. Principal Office Address

7150 N. PARK DRIVE

Suite, Apt. #, etc.

Suite 560

City & State

Pennsauken, NJ

Zip

Country

08109

3. Mailing Office Address

7150 N. PARK DRIVE

Suite, Apt. #, etc.

Suite 560

City & State

Pennsauken, N.J.

Zip

Country

08109

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

NOV. 5, 1998

5. FEI Number

23-2836197

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

RON WALLING

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

1292 Bayport Ave

Suite, Apt. #, Etc.

City

Marco Island

State
FL

Zip Code

34145

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

Ron Walling

Date X 10-11-00

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
P/S/T	Ash Sudhakar	7150 N. PARK DRIVE Suite 560	Pennsauken, N.J. 08109

AD

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.

SIGNATURE:

Ash Sudhakar

ASH SUDHAKAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-2000

Date

856-488-2229

Daytime Phone #

CR2E081 (9/99)