

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**May 17, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **LΦ6627**

1. Corporation Name  
**POONEK CORPORATION**

2. Principal Office Address  
**1030 NW 93rd Ave**

Suite, Apt. #, etc.

City & State  
**Plantation FL**

Zip Country  
**33322 USA**

3. Mailing Office Address  
**1030 NW 93rd Ave**

Suite, Apt. #, etc.

City & State  
**Plantation**

Zip Country  
**33322 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**65-0136442**

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  
**NALIN PATEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1030 NW 93rd Ave**  
Suite, Apt. #, Etc.

City  
**Plantation**

State Zip Code  
**FL 33322**

101.25-AR  
10.00-ARARTS  
88.75-ARSLPP  
400.00-GRA

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 **Nalin Patel**

Date **4/2/02**

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	NALIN PATEL	1030 NW 93rd Ave	Plantation, FL 33322
ST	"	"	"

300005763479  
-06/12/02--01066--013  
\*\*\*\*\*500.00 \*\*\*\*\*500.00

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: **Nalin Patel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/2/02** Daytime Phone # **954-452 5247**

CR2E081 (9/01)

Poonek Corporation  
1030 NW 93rd Ave  
Plantation, FL 33322

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April 3, 2002

In regards to: Waiver of Reinstatement Fee

Secretary of State  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

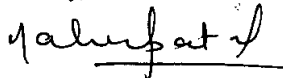
Dear Secretary of State,

We had move from 5975 W. Sunrise Blvd, Ste 207 Sunrise 33313 since January 1999. Since then we have not received any renewal forms. We just realized that our corporation was in a dissolved status.

Please accept the attached application for reinstatement and waive any penalties for reinstatement.

Your help is greatly appreciated.

Sincerely,



Nalin N. Patel  
President