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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 DEC -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M37736

1. Corporation Name
SUDARI CORPORATION

REINSTATEMENT 89-04

2. Principal Office Address	3. Mailing Office Address
3546 S. Ocean Boulevard	3546 S. Ocean Boulevard
Suite, Apt. #, etc. Unit 801, The Barclay	Suite, Apt. #, etc. Unit 801, The Barclay
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480 Country USA	Zip 33480 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/2/1986

5. FEI Number 592731725 ☐ 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: Ruth Willis

Street Address (P.O. Box Number is Not Acceptable): 3546 S. Ocean Boulevard

Suite, Apt. #, Etc.: Unit 801, The Barclay

City: Palm Beach | State: FL | Zip Code: 33480

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: Ruth Willis Date: 11/18/04
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
Pres.	Ruth Willis	3546 S. Ocean Boulevard, Unit 801	The Barclay,Palm Beach, FL 33480
Treas.	Same as above	Same as above	Same as above
Sec.	Same as above	Same as above	Same as above
Dir.	Same as above	Same as above	Same as above

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: Ruth Willis Nov 18 2004 (561) 588 9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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From:
Account Name : CORPORATION SERVICE COMPANY/hzc
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CORPORATION REINSTATEMENT

SUDARI CORPORATION

Certificate of Status	0
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