

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015309

1. Corporation Name

SUNSPIRIT INC.

2. Principal Office Address

6304 MARLBERRY DR
ORLANDO FL 32819

Suite, Apt. #, etc.

3. Mailing Office Address

6304 MARLBERRY DR
ORLANDO FL 32819

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 2000

5. FEI Number

593620191

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

DINKER KARAMSADKAR

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

6304 MARLBERRY DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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 FEB 4th 2002

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
PRESIDENT	DINKER KARAMSADKAR	6304 MARLBERRY DR	ORLANDO FL 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 4th 2002 407 352 4753

Date

Daytime Phone #

CR2E081 (9/01)

FEB 4th 2003

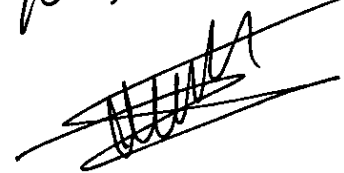
To, _____

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS.
P.O. Box 6327
TALLAHASSEE, FL. 32314

DEAR SIR/MADAME.

PLEASE FIND ENCLOSED A REINSTATEMENT FORM
COMPLETED AND SIGNED FOR SUNSPIRIT INC.
AS I EXPLAINED ON MY TELEPHONE CONVERSATION
THAT I DID NOT RECEIVE THE 2000, 2001,
AND 2003 REPORTS DUE TO CHANGE OF
ADDRESS. SINCE MARCH OF 2000 I HAD A CHANGE
OF ADDRESS AND DUE TO OVERSIGHT DID NOT
NOTIFY THE NEW ADDRESS TO YOUR DEPARTMENT.
COULD YOU PLEASE WAIVE ANY PENALTY AND
PROCESS MY REINSTATEMENT. I AM ENCLOSING
\$450⁰⁰ FEE FOR 2000-2003. THANK YOU FOR
YOUR ASSISTANCE.

Yours Sincerely



DINKER KARASADKAR
PRESIDENT

FROM

DINKER KARASADKAR
6304 MARLBERRY DR
ORLANDO FL. 32819.