

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 11:12

SECRET
STATE
FLORIDA

DOCUMENT # P0000003888

1. Corporation Name

The Sub-Source, Inc.

900009633989
12/23/02--01045--015 **300.00

2. Principal Office Address

10730 Wiles Rd

Suite, Apt. #, etc.

3. Mailing Office Address

10730 Wiles Rd

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

33065

USA

City & State

Coral Springs, FL

Zip

Country

33065

USA

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

April 13, 2000

5. FEI Number

65-0998907

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

Mario D. German, Esq.

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

100 E. Sample Rd.

Suite, Apt. #, Etc.

320

City

Pompano Beach

State

FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/19/02

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
D	Abraham Kanacheril	10730 Wiles Rd	Coral Springs, FL 33065

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02

Date

Daytime Phone #

9561-488-8163

CR2E081 (9/01)