


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> <b>FILED</b>          07 OCT -4 PM 4:05          TALLAHASSEE, FLORIDA       </div>																													
DOCUMENT # <b>P00000040662</b>																																	
<b>1. Corporation Name</b> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">SUEMAK CORPORATION</div>																																	
<b>2. Principal Office Address - No P.O. Box #</b> 3550 AGRICULTURAL CENTER DRIVE Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 3550 AGRICULTURAL CENTER DRIVE Suite, Apt. #, etc.																														
City & State <b>SAINT AUGUSTINE, FL</b>			City & State <b>Saint Augustine, FL</b>																														
Zip <b>32092</b>	Country <b>USA</b>	Zip <b>32092</b>	Country <b>USA</b>	<b>REINSTATEMENT</b> <span style="font-size: 1.2em; font-family: cursive;">0427</span> CR2E081 (1/07) <span style="font-family: cursive;">[Signature]</span>																													
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>4/21/00</b>																																	
<b>5. FEIN Number</b> <b>59-3641497</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>																													
<b>7. Name and Address of Current Registered Agent</b> Name: <b>Helmut A. Makosch</b> Street Address (P.O. Box Number is Not Acceptable): <b>6050 County Rd.</b> Suite, Apt. #, Etc.: City: <b>Elkton</b> State: <b>FL</b> Zip Code: <b>32033</b>																																	
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																																	
<b>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.</b> Signature of Registered Agent: _____ Date: _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Helmut A. Makosch</td> <td>6050 County Rd.</td> <td>Elkton, FL 32033</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRESIDENT	Helmut A. Makosch	6050 County Rd.	Elkton, FL 32033																				
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<b>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 contained in Chapter 119, 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.</b> SIGNATURE: <span style="font-family: cursive; font-size: 1.2em;">[Signature]</span> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         </div> <div> <b>9/25/2007</b>            Date         </div> <div> <b>904 8061835</b>            Daytime Phone #         </div> </div>																																	