

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00 0000 40662

1. Corporation Name

SUEMAK CORPORATION

2. Principal Office Address

3550 AGRICULTURAL CTR DR

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

ST. JOHNS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 21, 2000

5. FEI Number

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

HELMUT W. MAKOSCH

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

520 JEFFREY DR

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

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

3/31/03

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.	HELMUT W. MAKOSCH	520 JEFFREY DR	ST. AUGUSTINE, FL 32086

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04/04/03--01047--005 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/03

Daytime Phone #

904 825 4000