

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000087358

1. Corporation Name

SUGAMUXI CORP.

Principal Place of Business

13800 MAGNOLIA GLEN CR.  
ORLANDO FL 32828

Mailing Address

13800 MAGNOLIA GLEN CR.  
ORLANDO FL 32828

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/2001

5. FEI Number

59-3752132

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CORREDOR, JOSELIN	13800 MAGNOLIA GLEN CR.	ORLANDO FL 32828
V	CORREDOR, NELLY	13800 MAGNOLIA GLEN CIRCLE	ORLANDO FL 32828

REINSTATEMENT 82

8. Name and Address of Current Registered Agent

PINEDO, IVONNE  
2250 S.W. 3RD AVENUE  
SUITE 201  
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

09/23/02

11. 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 REQUIRED  
Nelly Corredor (407) 482-1923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

272


October 24, 2002

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
Division of Corporations

Re Application for Reinstatement  
Document # P01000087358  
Sugamuxi Corp.

Please be advised that we are returning the application for reinstatement signed. The fees were sent by the corporation on October 15, 2002.

Thanks for your assistance,

  
Ivonne Pinedo  
Registered Agent  
Sugamuxi Corp.