

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000023204**

1. Corporation Name

CUMMINS & RAJ, INC.

Principal Place of Business

Mailing Address

1944 PICCADILLY CIRCUS
 NAPLES FL

1944 PICCADILLY CIRCUS
 NAPLES FL



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

30-0064554

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DEONARINE, HANSRAJ	1944 PICCADILLY CIRCUS	NAPLES FL
			100023964961 10/21/03--01038--023 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEONARINE, HANSRAJ
 1944 PICCADILLY CIRCUS
 NAPLES FL 34112

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE HANSRAJ DEONARINE

10-10-03

Date

239 643 2885
 Daytime Phone #

CR2E040 (7/03)

2012

10-10-03

To :

Florida Department of Revenue

From :

Cummins & Raj INC.

Hansraj, Revenue President of Cummins
and Raj INC, did not received ~~the~~ any
UBR Notices (Uniform Business Report)
to Renew the Cooperation.

HANSRAJ DEONARINE
President.

