

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

30-0064554

Applied For

Not Applicable

City & State

City & State

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: HANSRAJ DEONARINE

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

Date

Daytime Phone #

10-10-03 239 643 2885

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.

