

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 30 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135576

1. Corporation Name

University Sunoco Inc.

2. Principal Office Address

1700 UNIVERSITY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc. ---

City & State

PEMBROKE PINES

City & State

Zip

FLORIDA

Country

33024

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/2002

5. FEI Number

14-1887638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03

09-04-03 90070 033 \$150.00

7. Name and Address of Current Registered Agent

Name

TONY KALLADANTHYIL

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

1700 N UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

10/02/03

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
P	TONY KALLADANTHYIL	1700 N UNIVERSITY DRIVE	PEMBROKE PINES, FL 33024

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/02/03 954 270 7848

Daytime Phone #

CR2E081 (10/02)

From: Tony Kalladanthiyil  
University Sunoco Inc  
1700 N. University Drive  
Pembroke Pines, Florida 33024

To: The Florida Department of State  
Division of Corporations  
P.O Box # 6327  
Tallahassee, Florida - 32314

**Sub: Reinstatement of Corporation - University Sunoco Inc # P02000135576**

Dear Sir/ Madam:

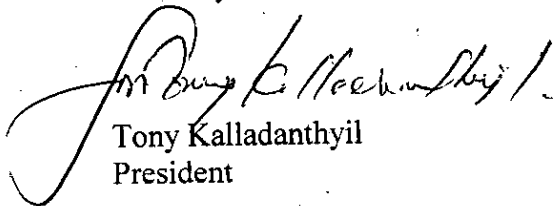
We noticed from the web site that our corporation is in the inactive status due to the non-filing of UBR. Please note that we never received any reminder letter from you so <sup>far</sup> and the corporation is being registered on December 31<sup>st</sup>, 2002. ^

**We already send you a letter and a check for \$ 150.00 on July 2003, notifying that we did not get any letter for renewing the corporation. The renewal fee which we paid to you is already cleared from the bank and please find the attached copy of the cleared check. Since we have not received any prior notice of UBR, we request you to please waive any additional reinstatement fee**

Please find the attached completed reinstatement form and request you to please reinstate the corporation at your earliest.

Should you have any questions, Please call me at (954) 270 7849.

Sincerely



Tony Kalladanthiyil  
President