2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# P05000130111

Entity Name: FLOKER CORPORATION

Current Principal Place of Business:

7990 NW 159 TERRACE
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

7990 NW 159 TERRACE
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 20-3509395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOSE C.P.A
12839 NW 18 COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE THOMAS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMAS, SUNNY K
Address: 7990 NW 159 TERRACE
City-St-Zip: MIAMI, FL 33016 US

Title: D ( ) Delete
Name: GEORGE, JOSEPH P
Address: 15183 SW 157 TERRACE
City-St-Zip: MIAMI, FL 33187 US

Title: D ( ) Delete
Name: PULICK, JOSE
Address: 12499 SW 123 PLACE
City-St-Zip: MIAMI, FL 33186 US

Title: D ( ) Delete
Name: AICKARA, JOSEPH T
Address: 4527 WEST CIRCLE
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete
Name: CHENNADU, THOMAS A
Address: 4 YOUNG LANE
City-St-Zip: WEST HARTFORD, CT 06110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNNY THOMAS P 09/28/2009

Electronic Signature of Signing Officer or Director — Date