


10f2

FILED

07/01/04 - 8 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P930000011567					
1. Corporation Name NIKUN CORPORATION					
2. Principal Office Address 10651 NARCOSSEE RD Suite, Apt. #, etc.			3. Mailing Office Address 10651 NARCOSSEE RD Suite, Apt. #, etc.		
City & State ORLANDO, FL			City & State ORLANDO, FL		
Zip 32827	Country	Zip 32827	Country		

2004
YBR

800038850038
07/08/04--01004--001 **150.00

04

4. Date Incorporated or Qualified To Do Business in Florida 02/15/1993	
5. FEI Number 59-3167580	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name HIMANSHU PATEL	
Street Address (P.O. Box Number is Not Acceptable) 10651 NARCOSSEE RD	
Suite, Apt. #, Etc.	
City ORLANDO	State FL
Zip Code 32827	32832

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 H.C.Patel Date 07/01/04

REGISTERED AGENT MUST SIGN

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
PSTD	HIMANSHU PATEL	10651 NARCOSSEE RD	ORLANDO, FL 32827

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)(f), 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: H.C.Patel Date 07/01/04 407-897-6801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zof2

NIKUN CORPORATION
10651 NARCOSSEE RD
ORLANDO, FL 32827

JULY 1, 2004

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

Ref:- Document # P93000011567

Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned HIMANSHU PATEL, President of NIKUN CORPORATION would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail or returned to you due to change in the address. Unfortunately, I never realized that I did not pay annual filing fee for the year 2004, as I did not received the from for the year 2004. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annual filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship on me and my family. Thanking you in advance for your cooperation. Sorry for the inconvenience that may cause to you.
Sincerely,

H. S. Patel
(HIMANSHU PATEL)

encl:- as above