

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 9:02

DOCUMENT # P93000080164

1. Corporation Name
TUMAK INC.

umth
11/3

Principal Place of Business Mailing Address
701 N.W. 214TH ST. #512 MIAMI FL 33169
P O BOX 174062 #512 HALEAH FL 33017 US



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable 764 N.W. 119TH STREET		3. New Mailing Office Address, If Applicable P.O. Box 174062		4. Date Incorporated or Qualified To Do Business In Florida 11/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0434283	
City & State MIAMI FLA		City & State HALEAH FLA		Applied For Not Applicable	
Zip 33169		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MAKIMDE, TUSIN	701 N.W. 214TH ST. #512	MIAMI FL 33169
D	MAKIMDE, BUKOLA	18800 N.W. 2ND AVE. #219	MIAMI FL 33169
D	MOJISOLA MAKIMDE	498 N.W. 165TH #506	MIAMI FL 33169
			200002337412--5 -11/04/97--01035--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAKIMDE, TUSIN 701 N.W. 214TH ST. #512 MIAMI FL 33169	Name	TUSIN Makimde	
	Street Address (P.O. Box Number is Not Acceptable)	4981 N.W. 163RD STREET	
	Suite, Apt. #, Etc.	#402	
	City	MIAMI	State
		Zip Code	33169

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.

Signature of Registered Agent: *Bm adese* Date: 10-29-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No TAX PAID IN FULL

(See other side for information on intangible tax.)

12. 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: *Makimde Tusin Makimde* Date: 10/29/97 (305) 919844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2ED040 (8/97)