## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P93000080164

Entity Name: TUMAK INC.

FILED Sep 20, 2007 Secretary of State

764 N.W. 119TH STREET MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

P O BOX 174062 HIALEAH, FL 33017 US

FEI Number: 65-0434283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAKINDE, TUSIN 4981 N.W. 163RD STREET #402 MIAMI, FL 33169 US

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: ENANATO ARUGU

E: ENANATO ARUGU

Electronic Signature of Registered Agent Date

City-St-Zip:

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:**

MIAMI, FL 33169

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33169

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 MAKIMDE, TUSIN
 Name:
 MAKINDE, TUSIN

 Address:
 701 N.W. 214TH ST. #512
 Address:
 701 N.W. 214TH ST. #512

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 MAKMIDE, TEMITOPE
 Name:
 MAKINDE, TEMITOPE

 Address:
 18800 N.W. 2ND AVE. #219
 Address:
 18800 N.W. 2ND AVE. #219

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: MAKIMDE, MOJISOLA Name: MAKINDE, MOJISOLA

Address: 498 NW 165TG #506 Address: 498 NW 165TG #506

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

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: TUSIN MAKINDE MR. 09/20/2007