

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 AM 10:04

DOCUMENT # 895000067287

1. Corporation Name

Su Tam Inc

2. Principal Office Address

75 Sausalito Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4366

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

33436

Country

Palm Beach

City & State

Boynton Beach FL

Zip

33436

Country

Palm Beach

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida

8-30-1995

5. FEI Number

65-0605813

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HOWARD S. KATZ

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

75 Sausalito Dr

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Howard S Katz

REGISTERED AGENT MUST SIGN

Date

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
Pres/Dir	Howard S. Katz	75 Sausalito Dr	Boynton Beach FL 33436
VP	TAMMY BALDWIN	5505 TOWNSEND WALKER CR	Wake Forest NC 27582

AD

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:

Howard S Katz

Howard S Katz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

817399644

CR2001 (9/99)