

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV 21 AM 8:15


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900138175999

11/21/08--01028--012 **1350.00

REINSTATEMENT

04-08

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067763

1. Corporation Name

SIKONA INC

2. Principal Office Address - No P.O. Box #

407 WOODLAND AVE

Suite, Apt. #, etc.

City & State

LAKELAND

Zip

33801

Country

POLK

3. Mailing Office Address

407 WOODLAND AVE

Suite, Apt. #, etc.

City & State

LAKELAND

Zip

33801

Country

POLK

4. Date incorporated or Qualified
To Do Business in Florida 09/01/1995

5. FEI Number
593339825

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

SURESHCHANDRA S PATEL

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

407 WOODLAND AVE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Suresh Patel
REGISTERED AGENT MUST SIGN

Date 11/14/2008

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
PD	SURESHCHANDRA PATEL	407 WOODLAND AVE	LAKELAND, FL 33801
VPD	BHAVANA PATEL	407 WOODLAND AVE	LAKELAND, FL-33801

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 contained in Chapter 119, 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:

Suresh Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SURESH PATEL

11/14/2008

8636654179

Date

Daytime Phone #

11/24/08