


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000098663			
1. Corporation Name Siewruk Development Corporation			
2. Principal Office Address Bank Marketing Inc.		3. Mailing Office Address 36431 US Hwy 19 N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Harbor FL	
Zip	Country	Zip	Country
		34684	USA
4. Date Incorporated or Qualified To Do Business in Florida December 6, 1996		200067465472 03/08/06--01026--032 **1650.00 CR2E081 (12/05)	
5. FEI Number 593413051		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: Tami L Siewruk			
Street Address (P.O. Box Number is Not Acceptable) 1819 SE 17th Street # 909			
Suite, Apt. #, Etc.			
City Fort Lauderdale		State FL	Zip Code 33316
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 Tami L Siewruk		Date 1/29/06	
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
Pres	Tami L Siewruk	1819 SE 17th Street # 909	FT. Lauderdale FL 33316
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: Tami L Siewruk		Date: 1/29/06 727-480-5428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	