

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -6 PM 12:21

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 997000007441

1. Corporation Name

Fuman Incorporated

2. Principal Office Address

3 Silk Oaks Drive
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 265382
Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Daytona Beach, FL

Zip Country
32176 Volusia

Zip Country
32126-5382 Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/21/97

5. FEI Number

593363032

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

Robert L. Williams

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

3 Silk Oaks Drive

Suite, Apt. #, Etc.

Ormond Beach, FL

City

State
FL

Zip Code
32176

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

Robert L. Williams

REGISTERED AGENT MUST SIGN

Date

1-28-02

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
Director & Pres	Robert L. Williams	3 Silk Oaks Drive	Ormond Beach, FL 32176
V.P.	Ricardo A. Rojas	3 Silk Oaks Drive	Ormond Beach, FL 32176

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:

Robert L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-02

Daytime Phone #

CR2E001 (9/01)

128