

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007441

1. Corporation Name

FU'MAN, INC.

Principal Place of Business

Mailing Address

~~8 SILK OAKS DRIVE~~
ORMOND BEACH FL 32178

POST OFFICE BOX 265382
DAYTONA BEACH FL 32126-5382

REINSTATEMENT

03-04



300027404023
01/22/04--01023--004 **300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

5. FEI Number 59-3432604

59-3363032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	ROJAS, RICARDO A	3 SILK OAKS DR	ORMON BCH FL 32176
DP	WILLIAMS, ROBERT L	3 SILK OAKS DRIVE 136 PUTNAM AVE.	ORMOND BEACH FL 32178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, ROBERT L

~~3 SILK OAKS DRIVE~~
ORMOND BEACH FL 32178

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ORMOND BCH

FL

32174

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert L. Williams

REGISTERED AGENT MUST SIGN

Date 1-15-04

11. 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 ROBERT L. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

386-252-6085

Daytime Phone #

CR2040 (7/03)

1-15-04

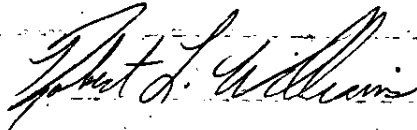
I am writing to get the reinstatement waived. I only received the dissolution notice. I called in to correct dissolution of corporation and was told to write you a letter and send in appropriate fees. I am paying for 2003 and 2004's annual reports, and would like Fu'nan Inc. reinstated.

THANK YOU SO MUCH FOR YOUR HELP.

* QUESTIONS - PLEASE CALL *

321 626 1471 cell.

386 252 6085 WK.



ROBERT WILLIAMS - PRESIDENT

FU'NAN INC.

P.O. Box 265382

DAYTONA BCH, FL 32126