PLEASE READ AL! INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

REIN	STATEMENT		Secretary of S				· ,	
1. Corporation Name of the PICCUBELLU CURPURATION			r ijre oube 1.1979 Bl vd 1	966 M 55. (Tel 377)	144 200'SEP-2	LED and a 5 AM 9: 40 AY OF OTAFF		
			ng Office Address, If		5. FEI Number 59-347	•	09/12/1997 - Applied Not Ap	d For
Zip	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee	required Status
7. Names Title(s) PD STD D	Kandiah P. Thavabalasingam 301 S.			eet Address of Each icer and/or Director e Post Office Box N fview Boul	umbers)	Clearwater	17131 	구 00
Y _;	Nalini Thavabalasingam 301 S. Gu			ulfview Boulevard Clearwater, FL 33767				
8. Name and Address of Current Registered Agent Richard A. Jacobson 501 East Kennedy Boulevard, Suite 1700 Tampa, FL 33602 10. I, being appointed the registered agent of the above named corporation, am familiar with Registered Agent P. Hamabalaonyam				9. Name and Address of New Registered Agent Name Kandiah P. Thavabalasingam Street Address (P.O. Box Number is Not Acceptable) 301 S. Gulfview Boulevard Suite, Apt. #, Etc. City Clearwater State Zip Code FL 33767 ith and accept the obligations of Section 607.0505, F.S. Date9/14/00				
11. Th	is corporation owes or ha angible Personal Propert	as paid the		er Yes 🗶	No 🗆	(See ol	ther side for information on intangible tax.)	
	,							

12. 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: Manufacture And TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR