

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

03 JAN 14 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000095268

1. Corporation Name

SUD Developments, Inc.

2. Principal Office Address

1950 S. Ocean Drive

3. Mailing Office Address

P.O. Box 4218

Suite, Apt. #, etc.
#14-J

Suite, Apt. #, etc.

Attn: Elliott Sud

City & State

Hallandale, Florida

City & State

Scottsdale, Arizona

Zip

33009

Country

USA

Zip

85261

Country

USA

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

November 6, 1997

5. FEI Number

65-0801514

☒

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

David I. Brodt, Esq.

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

214 Brazilian Avenue

Suite, Apt. #, Etc.

Suite 200

City

Palm Beach

State

FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date

1/13/03

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
D	Elliott M. Sud	Sheppard Plaza 638A Sheppard Ave. W. Suite 222	Toronto, Ontario M3H2S1

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:

Elliott M. Sud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOTT sud

Date

Dec. 30/02

Daytime Phone #

(416) 638-9222

1/115

CR2E081 (8/01)