

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 AM 8:01

DOCUMENT # **P97000106074**

1. Corporation Name

SUMERU HEALTH CARE GROUP, INC.

Principal Place of Business

13911 LAKESHORE BLVD.
STE J
HUDSON FL 34667

Mailing Address

13911 LAKESHORE BLVD.
STE J
HUDSON FL 34667

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

2. New Principal Office Address, If Applicable

13911 Lakeshore Blvd

Suite, Apt. #, etc.

Suite G

City & State

HUDSON, FL 34667

Zip

Country

US

3. New Mailing Office Address, If Applicable

13911 Lakeshore Blvd

Suite, Apt. #, etc.

Suite G

City & State

HUDSON, FL 34667

Zip

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1998

5. FEI Number

59-3482509

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
P	KUTTY, MOHAN	13911 LAKESHORE BLVD STE G	HUDSON FL 34667
D	KUTTY, SHEELA	13911 LAKESHORE BLVD, STE J	HUDSON FL 34667

700009502647

12/13/02--01039--011 **750.00

8. Name and Address of Current Registered Agent

KUTTY, MOHAN
13911 LAKESHORE BLVD.
SUITE J
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

NOT REQUIRED

Date

12/5/02

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/02

Daytime Phone #

CR2E040 (8/02)