PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

· APPLICATION FOR/N REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015206

1. Corporation Name

SUNKAS CORP.

Principal Place of Business

Mailing Address

118 PALM COAST PARKWAY PALM COAST FL 32137

Suite, Apt. #, etc.

2. New Principal Office Address, If Applicable 25 PALM HALBOR VIII 1892 1004

SUITE #5A

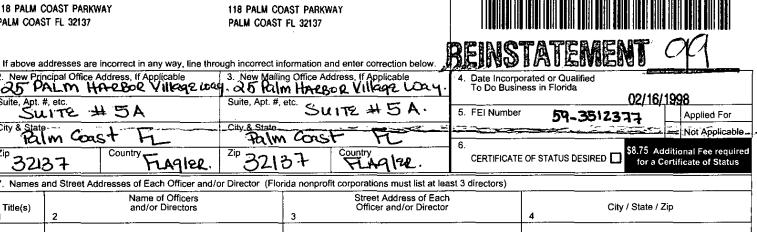
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118 PALM COAST PARKWAY PALM COAST FL 32137

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3	City / State / Zip
D	SALEEM, SHAHID	4 VILLAGE LANE	PALM COAST FL 32137
			7000030991577 -01/14/0001072014 *****750.00 *****750.00
			:.\ LS

8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent	
	Name	
ROTENBERG, JEROME ESQ 4 OLD KINGS ROAD NORTH SUITE B	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
PALM COAST FL 32137	City	State Zip Code
being appointed the registered agent of the above named corporation, am fa		FL Zip Code

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 10/21/49

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 filling 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:

WILL ST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR