

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 25 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # P9 8000015206

1. Entity Name
Sunkas Corp.
25 PALM Harbor Village way
STE # 3A. PALM Coast, FL. 32137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
25 PALM Harbor Village way
Suite, Apt. #, etc.
3A
City & State
PALM Coast, FL.
Zip
32137
Country
U.S.

3. Mailing Address
25 PALM Harbor Village way
Suite, Apt. #, etc.
3A
City & State
PALM Coast, FL.
Zip
32137
Country
U.S.

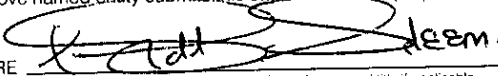
4. FEL Number
59-3512377
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Shahid Saleem
Street Address (P.O. Box Number is Not Acceptable)
3 Village Lane
City
PALM Coast FL Zip Code
32164

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  Shahid Saleem. DATE 4/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Shahid Saleem 3 Village Lane PALM Coast, FL. 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005451271--9 -05/06/02--01002--015 *****8.75 *****8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005451271--9 -05/06/02--01002--016 *****900.00 *****900.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Shahid Saleem. DATE 4/16/02 Daytime Phone # 386-447-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015206

1. Corporation Name

Sunkas Corp.
25 Palm Harbor Village Way
Suite 5A
Palm Coast, FL. 32137

2. Principal Office Address

25 Palm Harbor Village
Suite, Apt. #, etc.

3. Mailing Office Address

25 Palm Harbor Village
Suite, Apt. #, etc.

5A

5A

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

Country

32137 U.S.

Zip

Country

32137 U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3572377

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

Shahid Saleem

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

3 Village Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

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

[Handwritten Signature]

Date

4/16/02

REGISTERED AGENT MUST SIGN

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
P	Shahid Saleem	3 VILLAGE LN.	Palm Coast FL 32164

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:

[Handwritten Signature]

Shahid Saleem

Date

4/16/02

Daytime Phone #

386-447-1299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)