

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 NOV -1 AM 8:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000041952**

1. Corporation Name  
**THUMMA, CORP.**

Principal Place of Business  
 5891 S. MILITARY TR.  
 LAKE WORTH FL 33463

Mailing Address  
**90 TRI COUNTY BEN.**  
 5891 S. MILITARY TR.  
 LAKE WORTH FL 33463



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida <b>05/04/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>650870604</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75</b> 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DT P	KUMAR, RADHIKA	5891 S. MILITARY TR.	LAKE WORTH FL 33463

000003038610--6  
 -11/08/99--01123--013  
 \*\*\*150.00 150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KUMAR, AJAY 5891 S. MILITARY TR. LAKE WORTH FL 33463		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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.

Signature of Registered Agent AJ K **REQUIRED** Date 10-22-99  
 REGISTERED AGENT MUST SIGN

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)(l), 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: Radhika K **REQUIRED** Date 10-22-99 Daytime Phone # 433-0728  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)

**October 25, 1999**

**Florida Department of State  
Division of corporations  
P.O. Box 6327  
Tallahassee, Fl 32314**

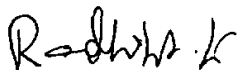
**Re: Annual report form**

**To whom it may concern:**

**In regards to your request for my annual report form, I have not received one.**

**Please accept this application form with check of \$150. attached and consider reinstating my corporation.**

**Sincerely**



**Radhika Kumar  
Thumma, corp.  
P98000041952**