

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS


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**

FILED
99 NOV -1 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 05/04/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 650870604 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 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 |
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|---|--|--|--------------------|
| 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 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* **REGISTERED AGENT MUST SIGN** Date *10-22-99*

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

C02040 (8/99)

October 25, 1999

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

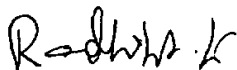
Re: Annual report form

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**