

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 FEB -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 7980000930917

1. Corporation Name

Sumkon Florida Inc

2. Principal Office Address

113 Glasgow Court

Suite, Apt. #, etc.

3. Mailing Office Address

113 Glasgow Court

Suite, Apt. #, etc.

City & State

Davenport

City & State

Davenport

Zip

33837

Country

USA

Zip

33837

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3551386

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

Ronald Pillay

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

113 Glasgow Court

Suite, Apt. #, Etc.

600003137376-8

-02/16/00-01059-02

****308.75 ****308.75

City

Davenport

State

FL

Zip Code

33837

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/7/2000

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
<u>President</u>	<u>Ronald Pillay</u>	<u>113 Glasgow Ct</u>	<u>Davenport-FL 33837</u>
<u>Secretary</u>	<u>June Pillay</u>	<u>113 Glasgow Ct</u>	<u>Davenport FL 33837</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date

Daytime Phone #

863-2869150

CR2E081 (9/99)