


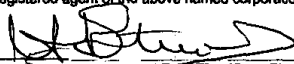
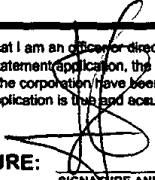
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 99000024203			
1. Corporation Name KANNIKA INC.			
2. Principal Office Address 5458 W. SAMPLE RD		3. Mailing Office Address 4216 TRANQUILITY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE FL.		City & State HIGHLAND BEACH FL	
Zip 33073	Country USA	Zip 33487	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3/16/1999		5. FEI Number 65-0910348	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name HORST SUSSKIND			
Street Address (P.O. Box Number is Not Acceptable) 4216 TRANQUILITY DRIVE			
Suite, Apt. #, Etc.			
City HIGHLAND BEACH		State FL	Zip Code 33487
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 		Date 9/30/01	
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/D	DUEPEN SUSSKIND	4216 TRANQUILITY DRIVE	HIGHLAND BEACH FL 33487
S/D	KANNIKA SUDNAEN	4921 EGRET PL.	COCONUT CREEK FL 33073
V/D	CHEEP SUDNAEN	4921 EGRET PL	COCONUT CREEK FL 33073
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: 		DUENPEN SUSSKIND	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/30/01	Daytime Phone # 561-276-8289

CR2001 (8/00)

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**KANNIKA INC.
5458 W SAMPLE ROAD
MARGATE FL 33073**

8/30/01

**FLORIDA DEPT OF STATE
CORPORATION REINSTATEMENT
POD BOX 6327
TALLAHASSEE FL 32399**

LADIES AND GENTLEMEN,

**WE LIKE TO ADVISE YOU, THAT WE NEVER RECEIVED ANY BILL OR ADVICE FROM
YOU TO REGISTER OR PAY ANYTHING, SINCE OUR INCORPORATION.
IT SEEMS THAT ALL YOUR PAPERS WERE SENT TO THE WRONG ADDRESS, AND WE
DID NOT RECEIVE THE ORIGINAL UNIFORM BUSINESS REPORT.**

WE THEREFORE REQUEST FOR A WAIVER OF THE \$ 400 LATE FEE.

**PLEASE REINSTATE AS SOON AS POSSIBLE BECAUSE WE NEED THE CONFIRMATION
TO RENEW ALL THE LICENSES NECESSARY FOR A SMALL RESTAURANT**

WE THANK YOU FOR YOUR COOPERATION,

YOURS TRULY


**KANNIKA INC.
DUENPEN SUSSKIND OFFICER/ SECR.**

ENCL. CHECK FOR \$ 308.75 FOR REINSTATEMENT AND CERT. OF STATUS