


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION

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

FILED
 00 DEC 18 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **PP0000068141**
 1. Corporation Name
COUPONATION, INC.

500003514765--6
 -12/27/00--01076--005
 ****158.75 ****158.75

2. Principal Office Address
632 RENAISSANCE PTE.
 Suite, Apt. #, etc.
SUITE 206
 City & State
ALTAMONTE SPRINGS, FL
 Zip
32714 Country
USA

3. Mailing Office Address
632 RENAISSANCE PTE.
 Suite, Apt. #, etc.
SUITE 206
 City & State
ALTAMONTE SPRINGS, FL
 Zip
32714 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **3-1999**

5. FEI Number **59-3589165** 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

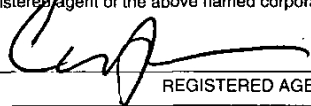
Name
CURTIS AZAMA

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

Suite, Apt. #, Etc.
SUITE 206

City
ALTAMONTE SPRINGS State
FL Zip Code
32714

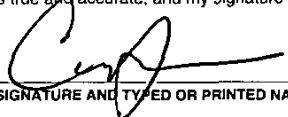
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **12/12/00**
 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
CFO	CURTIS AZAMA	632 RENAISSANCE PTE., #206	ALTAMONTE SPRINGS, FL 32714

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:  **CURTIS AZAMA** Date **12/12/00** Daytime Phone # **407-445-0554** **KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

20F2

P99000068141

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We wanted to notify your office that our corporation, CoupoNation Incorporated, did not receive the necessary information needed to maintain our active corporate status for the-2000 fiscal year.

This issue first came to our attention as the corporation was applying for various merchant accounts and loans. We would like the company to be reinstated to active status, but we don't feel that we should have to pay for reinstatement due to lack of notification. It was never our intention for the corporation to become inactive or involuntarily dissolve.

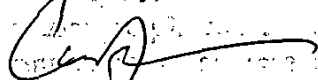
Our corporate address changed in August of 1999. Our mail was forwarded by the United States Postal Service for a period of approximately three months. We believe that this may have been the cause for the confusion and the lack of notification. We realize the ignorance is not an excuse, but we feel inexperience is.

Our previous address was: 500 Bamboo Harbor Court #207, Orlando, FL 32825. Our current address is: 632 Renaissance Pointe #206, Altamonte Springs, FL 32714.

We have enclosed a check for ~~\$158.50~~⁷⁵ that would cover the normal corporate fees. We also realize that another fee in the amount of ~~\$158.50~~⁷⁵ will be due again by April 1, 2001. We have every intention on paying the 2001 fiscal year fee in advance of this date.

We would appreciate your consideration in this oversight and accept our deepest regrets for any errors on our part.

Yours truly,



Curtis Azama

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075170

1. Entity Name

SHER-E PUNJAB INDIAN REST., INC.

07-17-2000 90081002 150.00

FILED
SECRETARY OF STATE
BUSINESS CORPORATIONS

00 DEC 18 PM 3:52

Principal Place of Business 113 W ALACHUA LANE COCOA BEACH FL 32931	Mailing Address 113 W ALACHUA LANE COCOA BEACH FL 32931
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3399925	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

SINGH, SUNITA S
113 W ALACHUA LANE
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and use 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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SINGH, SUNITA S	
STREET ADDRESS	113 W ALACHUA LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* Date 7.8.00 Daytime Phone # _____

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE