

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # P99000091749

1. Corporation Name
AUM CORP

Principal Place of Business Mailing Address
903 DUSKIN DR. 903 DUSKIN DR.
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
00 DEC 18 PM 4: 33
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 10/19/1999
5. FEI Number 59-3605389 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRAHMBHATT, JAYSHREE	903 DUSKIN DR.	JACKSONVILLE FL 32216

8. Name and Address of Current Registered Agent
BRAHMBHATT, JAYSHREE
903 DUSKIN DR.
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent
Name P.J. BRAHMBHATT
Street Address (P.O. Box Number is Not Acceptable) 903 DUSKIN DR.
Suite, Apt. #, Etc.
City JACKSONVILLE State FL Zip Code 32216

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 NATURE REQUIRED
REGISTERED AGENT MUST SIGN Date

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: NATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/00)

KE



Century Small Business Solutions

1016 LaSalle Street, First Floor
Jacksonville, FL 32207
E-Mail: Davidakins@aol.com

Phone: (904) 398-6464
Fax: (904) 398-2008

P99000091749

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Monthly state fees
Tax planning & preparation
Business counseling
Payroll services
Business & workers' compensation insurance
Retirement & investment planning
Employee health insurance

December 12, 2000

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O: box 6327
Tallahassee, FL 32314-6327

RE: AUM Corp
Document # P99000091749
Year 2000 Administrative Dissolution Notice

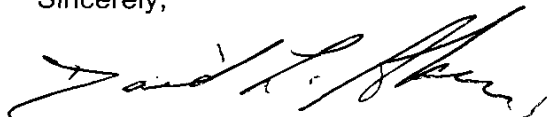
To Whom It May Concern:

Recently my client received a notice from your department regarding "administrative dissolution". This is the first mailing my client has received from your office. As AUM Corp was formed very late in 1999, we assume the Department of State did not have this corporation "in the system" and thus, did not mail the normal renewal notices on time.

My client called your offices and the person he spoke with indicated that we send in the annual fee and request abatement of the penalties for reasonable cause. As we did not receive the notice from the state and did not intentionally avoid payment of the annual fee, we respectfully request abatement of the assessed penalties.

Enclosed is a check for \$150.00 to pay the annual registration fee.

Sincerely,


David L. Akins, CPA