

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -9 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 556977

1. Corporation Name

SUNNY SOUTH PACKING COMPANY

Principal Place of Business

218 SOUTH POLK
ARCADIA FL 33821
US

Mailing Address

PO BOX 550
ARCADIA FL 33821
US



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

REINSTATEMENT 03-02

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0469720

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MIXON, BOBBY C.	1500 SE REYNOLDS ST	ARCADIA FL
VDT	SUMMERALL, ROBERT L JR	2418 SE AIRPORT RD	ARCADIA FL
DS	WIERCHS, JAMES R	3664 TAROE PLACE	SARASOTA FL

700009595887
12/19/02--01035--003 **600.00
01/10/03--01002--008 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUMMERALL, ROBERT L JR
2418 SE AIRPORT RD
ARCADIA FL-33821

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Robert L. Summerall, Jr.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-16-02

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:

Robert L. Summerall, Jr.
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Summerall, Jr.

12-16-02 (863)494-1551

Date Daytime Phone #