

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **F0000000224**

1. Corporation Name  
**PACIFIC SUN INDUSTRIES, INC.**

Principal Place of Business	Mailing Address
710 SANDOVAL WAY HAYWARD CA 94544	710 SANDOVAL WAY HAYWARD CA 94544

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 22 PM 12:34



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		4. Date Incorporated or Qualified To Do Business in Florida <b>01/10/2000</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>94-3194448</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT 01**

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
P	MOORE, DOUGLAS J	1634 COLUMBIA DR.	MOUNTAIN VIEW CA
D	PARKER, JEFFREY	253 MEADOWBROOK RD.	WESTON MA
D	BERKOWITZ, EDWIN	2750 SCOTT DR.	SAN FRANCISCO CA
			500004672415--4 -11/08/01--01046--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code

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: *Ricardo Orta* **Assistant Secretary** Date: **10-17-01**

REGISTERED AGENT MUST SIGN

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: *Ricardo Orta* **SIGNATURE REQUIRED** Date: **10/12/2001** (510) 489-7405

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

CR2E040 (8/01)