PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26293

1 Corporation Name
SUN COMMERCIAL REAL ESTATE, INC.

Principal Place of Business	Mailing Address
~~400 W CENTRAL BLVD~~	~~400 W CENTRAL BLVD~~
~~CAPE CANAVERAL FL 32920~~	~~CAPE CANAVERAL FL 32920~~
US	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
425 West Merritt Avenue	425 West Merritt Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32953-4760 Country: USA	Zip: 32953-4760 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/1981

5. FEI Number: 59-2085580 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BARGER, JOHN C	4590 ANNETTE COURT	MERRITT ISLAND, FL 00000
VSD	BARGER, MARY L	4590 ANNETTE COURT	MERRITT ISLAND FL

800002032418--4
-12/18/96--01052--006
****375.00 ****375.00

12/16/96

REINSTATEMENT 96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BARGER, JOHN C. 4590 ANNETTE COURT MERRITT ISLAND FL 32953	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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: John C Barger — Date: December 9, 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: John C Barger — December 9, 1996 — (407) 452-4332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN C. BARGER — Date — Daytime Phone #

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