

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

C74158

1. Corporation Name

SUN TECH COMMUNICATIONS, INC.

2. Principal Office Address

7850 S HWY 441, LOT 1

W000001233

3. Mailing Office Address

PO BOX 3276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34480

Country

USA

Zip

34478

Country

USA

REINSTATEMENT 90-00

4. Date Incorporated or Qualified

To Do Business in Florida - 01/03/1984

5. FEI Number

59-2364330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

JOHN SULLIVAN

0000031285.76-4

-02/08/00-01134-027

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

4344 NE 139TH LANE

***2072.50 ***2072.50

Suite, Apt. #, Etc.

City

ANTHONY

State

FL

Zip Code

34478-3276

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

John Sullivan REGISTERED AGENT MUST SIGN

Date 1-24-00

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
P/D	JOHN SULLIVAN	4344 NE 139TH LANE	ANTHONY, FL 34478-3276
			1922.50
			61.25 AC
			88.75 AC

REINSTATEMENT 90-00

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:

[Signature]

JOHN SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

Date

(352) 732-2657

Daytime Phone #