PS 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
04 OCT 22 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42932

1. Corporation Name

SUN INDUSTRIES, INC

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
6944 WEST LISERON	P.O. BOX 741933
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH FL
Zip: 33437 Country: PALM BEACH	Zip: 33474 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 1986

5. FEI Number: 22-2748810 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL POLNER

Street Address (P.O. Box Number is Not Acceptable): 6944 WEST LISERON

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33437

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: _____ Date: 10/19/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/V	MICHAEL POLNER	6944 WEST LISERON	BOYNTON BEACH FL 33437
S/T	"	"	"
			210042130412 10/22/04--01027--008 **750.00

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: _____ 10/19/04 561-374-8611

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

P5 2572

SUN INDUSTRIES INC.
P.O. BOX 741933
BOYNTON BEACH, FL 33474-1933
Phone (888) 786-4638 Fax (561) 374-8614

October 19, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Reinstatement Request

Dear Sir/Madam:
Due to a number of address changes the annual renewal statements were not received by us. An oversight prompted by serious health issues, caused us to fail to acquire the appropriate forms.
At this time we are attempting to get back on our feet and continue the business and request reinstatement. Our funds are limited but we have enclosed a check for $750 to cover the lapsed time. We hope you will cooperate with us and grant us reinstatement.

Very truly yours,

Michael Polner
President