

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # I 42932

1. Corporation Name

SUN INDUSTRIES, INC

2. Principal Office Address

6944 WEST LISERON

Suite, Apt. #, etc.

City & State

BOXTON BEACH FL

Zip 33437

Country

PAUM BEACH

3. Mailing Office Address

P.O. BOX 741933

Suite, Apt. #, etc.

City & State

BOXTON BEACH FL

Zip 33474

Country

PAUM BEACH

APPROVED
AND
FILED

04 OCT 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04

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

BOXTON 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

REGISTERED AGENT MUST SIGN

Date 10/19/04

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
<u>P/V</u>	<u>MICHAEL POLNER</u>	<u>6944 WEST LISERON</u>	<u>BOXTON BEACH FL 33437</u>
<u>S/H</u>	<u>"</u>	<u>"</u>	<u>"</u>

200642100412
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/04
Date

761-3788611
Daytime Phone #

CH2001 (01/04)

PS 2 582

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

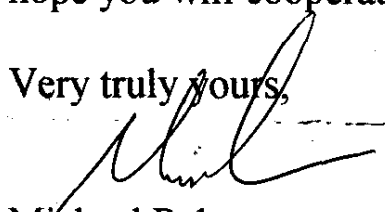
Reinstatement Request

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