

APPLICATION FOR REINSTATEMENT FOR

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

00 JAN 13 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sunny Entertainment Corporation

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # L50701

Sunny Entertainment Corporation  
16708 Norwood Drive  
Tampa, Florida 33624

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

REINSTATEMENT 98-02

Address

City and State

Zip Code

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

3. Date Incorporated or Qualified To Do Business in Florida 06/29/92

4. FEI Number 65-0183500

FEI Number Applied For  
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	Marshall Berle	16708 Norwood Drive	Tampa, Florida 33624

000003105510--6  
-01/21/00--01002--011  
\*\*\*1059.75 \*\*\*1059.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes.  Yes  No  
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Kevin A. Sentner, Esq.  
104 S. Old Dixie Highway  
Lady Lake, Florida 32159

7. Name and Address of New Registered Agent

Name  
Marshall Berle  
Street Address (Do NOT Use P.O. Box Number)  
16708 Norwood Drive  
Street Address (Do NOT Use P.O. Box Number)  
City and State  
Tampa FL  
Zip Code  
33624

8. 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

*Marshall Berle*

Date

1-12-00

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

*Marshall Berle*

Date

1-12-00

Phone #

813-264-4808

KE

Typed or printed name of signing officer or director: Marshall Berle

10. Should you desire a certificate of status check the box.

\$8.75 Additional Fee Required for a...