

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 16 PM 7:24

DOCUMENT # **P97000003203**

1. Corporation Name

**SUTTON FAMILY ENTERPRISES, INC.**

Principal Place of Business

4071 N DIXIE HWY  
POMPANO BCH FL 33064  
US

Mailing Address

4030 NW 4TH STREET  
COCONUT CREEK FL 33066-1820



**REINSTATEMENT 01**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0777002	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	SUTTON, SCOTT	4030 NW 4TH STREET	COCONUT CREEK FL 33066

~~100004655001--7~~  
-10/26/01--01055--002  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

SUTTON, SCOTT M  
4030 NW 4TH ST  
COCONUT CREEK FL 33066

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

*Scott M Sutton*  
**REGISTERED AGENT MUST SIGN**

Date **10-12-01**

11. 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:

*Scott M Sutton*  
**REGISTERED AGENT MUST SIGN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SCOTT M. SUTTON**

Date

**10-12-01**

Daytime Phone #

**782-6151**

CR2E040 (8/01)