- 2.5 54 . PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE 02 JAN 24 PM 12: 51 **CORPORATION Katherine Harris** REINSTATEMENT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA **DIVISION OF CORPORATIONS DOCUMENT # 205459** 1. Corporation Name _SUNWAY, INC._ 900004798689---01/25/02--01004--027 2. Principal Office Address 3. Mailing Office Address ****150.00 ****150.00 840 SYMPHONY ISLES BLVD. 840 SYMPHONY ISLES BLVD. Suite, Apt. #. etc. Suite. Apt. #. etc. Date Incorporated or Qualified To Do Business in Florida 08/29/1957 City & State City & State 5. FEI Number Applied For APOLLO BEACH, FL APOLLO BEACH, 59-0808837 Not Applicable Zip Country Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33572 USA 33572 USA 7. Name and Address of Current Registered Agent JAMES E. SAUNDERS, JR. **300479868**9--9 -01/25/02--0100<mark>-</mark>--028 Street Address (P.O. Box Number is Not Acceptable) 840 SYMPHONY ISLES BLVD. ****2345.00 ***2345.DD Suite, Apt. #, Etc. --- ----Zip Code APOLLO BEACH 33572 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 JAMES E. SAUNDERS, 9. Names and Street Addresses (DEach Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zlp Officers and/or Directors SHIRLEY I. FAIST D 2 TAMIAMI TRAIL, NORTH SARASOTA, FL 34236 APOLLO-BEACH, FL--33572-DPT JAMES E. SAUNDERS, JR. 840 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572 CINDY L. SAUNDERS 840 SYMPHONY ISLES BLVD. 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 filling 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.

JAMES E. SAUNDERS, JR.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12-03-01

813-974-4969

Daytime Phone #