PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 2018 08:00 AM
Secretary of State

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04/23/18--01046--002 **463.75

CR2E081 (11/10)

DOCUMENT # 744302

1. Corporation Name

Sun-Life Services, Incorporated

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1521 Alton Road	28 W. Flagler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#338	#608
City & State	City & State
Miami Beach	Miami
Zip / Country	Zip / Country
33139 / USA	33130 / USA

4. Date Incorporated or Qualified To Do Business In Florida
9/15/78

5. FEI Number
59-1854323
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Gary S. Glasser, P.A.
Street Address (P.O. Box Number is Not Acceptable)
28 W. Flagler Street
Suite, Apt. #, etc.
Suite 608
City / State / Zip Code
Miami / FL / 33130

FILED
18 APR 23 PM 4:08

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 4/13/18

REGISTERED AGENT MUST SIGN

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/D/T	James V. Bonvissuto	1521 Alton Road, #338	Miami Beach, FL 33139
D	Gary S. Glasser	28 W. Flagler St., #608	Miami, FL 33130
D	Linda G. Glasser	28 W. Flagler St., #608	Miami, FL 33130
			APR 24 2018
			S YOUNG

10. E-mail Address: gsg50@msn.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gary S. Glasser, Dir. Gary S. Glasser, Dir. 4/13/18 (305) 377-4187

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