

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 19 AM 10:54

DOCUMENT # **769135**

1. Corporation Name
SUNBURST FOUNDATION, INC.

Principal Place of Business Mailing Address
~~10 JAMES M. HANKINS~~ ~~2000 GLADE ROAD, STE 400~~ ~~BOCA RATON FL 33431~~
PO BOX #2155
BOCA RATON FL 33481



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 10 James Hankins Suite, Apt. #, etc. 1801 N. Military Trl., Ste 200 City & State Boca Raton, FL Zip 33431 Country		3. New Mailing Office Address, If Applicable c/o James M. Hankins Suite, Apt. #, etc. 1801 N. Military Trail, Ste 200 City & State Boca Raton, FL Zip 33431 Country		4. Date Incorporated or Qualified To Do Business in Florida 06/27/1983	
5. FEI Number 59-2637289				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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
PD	HANKINS, JAMES M.	2000 GLADE ROAD - SUITE 400 1801 N. Military Trl., Ste 200	BOCA RATON FL Boca Raton, FL 33431
VTSD	BAKER, DONALD E.	1515 S FEDERAL HWY #201	BOCA RATON FL
ASD	WENZEL, KENNETH A	980 N. FEDERAL HIGHWAY SUITE 440 1801 N. Military Trl., Ste 200	BOCA RATON FL 33431
			100004661231--2 -10/31/01--01058--006 ***235.25 ***235.25 <i>JK 10/31</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WENZEL, KENNETH A 980 N. FEDERAL HIGHWAY, SUITE 440 BOCA RATON FL 33432		Name KENNETH A. WENZEL Street Address (P.O. Box Number is Not Acceptable) 1801 N. Military Trl., Ste 200 Suite, Apt. #, Etc. City Boca Raton, State FL Zip Code 33431-9885	
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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 *Kenneth A. Wenzel* Registered Agent Date 10-15-01
 REGISTERED AGENT MUST SIGN

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: *James M. Hankins* President (561) 394-0500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)