

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND
FILED

96 NOV -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003025

1. Corporation Name

SUNSET CREWS, INC.

Principal Place of Business

556 SUTTON PLACE
LONG BOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DR
STE 207
LONGBOAT KEY FL 34228
US

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

06/30/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-3046055

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country

Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KARY, WILLIAM	556 SUTTON PLACE	LONGBOAT KEY FL 34228
			100002001101--0 -11/08/96--01109--015 ****200.00 ****200.00

NOTICE NOT RECD, CID

8. Name and Address of Current Registered Agent

KARY, WILLIAM
556 SUTTON PL
LONGBOAT FL 34228

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/96

810

558 5218

Daytime Phone #

2 of 2

Sunset Sales, Inc.

28565 Schoenherr Road • Warren, MI 48093 • (810) 558-5218 • Fax: (810) 558-2983

October 30, 1996

Florida Department Of State

To Whom It May Concern,

Enclosed is a check for \$200.00 and our Annual Report for 1996. We never received any other notice except this one stating you were going to revoke our status. We have also changed our name from Sunset Crews, Inc. to Sunset Sales, Inc., I have enclosed the amendment for our name change. If you have any questions feel free to call or send any correspondence to the address on this letter.

Sincerely,



Cathy Witherspoon
Business Manager