PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 18 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000468

1. Corporation Name
Suntran International Corporation

2. Principal Office Address	3. Mailing Office Address
4630 S. Kirkman Rd.	4630 S. Kirkman Rd.
Suite, Apt. #, etc. #247	Suite, Apt. #, etc. #247
City & State Orlando, FL	City & State Orlando, FL
Zip 32811 Country USA	Zip 32811 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/31/1994

5. FEI Number 88-0308291 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Lisa Christman

Street Address (P.O. Box Number is Not Acceptable): 17240 Davenport Rd.

Suite, Apt. #, Etc.:

City: Winter Garden State: FL Zip Code: 34787

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03/18/03--01030--014 *300.00

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: Lisa Christman Date: 3-3-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
CPT	Lisa C. CHRISTMAN	17240 Davenport Rd. Winter Garden, FL 34787	
V	Brian P. Christman	17240 Davenport Rd. Winter Garden, FL 34787	
M	Leland W. Foote	14417 156th NE Woodinville, WA 98072	

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 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: Lisa Christman Lisa Christman 3-3-03 407-948-9061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 3/19

Enclosed is my reinstatement form and a check for the corporation filing fee for 2002 and the 2003 years.

I did not receive the previous notices for this form. Your customer service person told me that there is no penalty because I didnt receive my notices. So I just sent 150.00 for 2002 and 2003 150.00

Thank you

Lisa Chastman

407-948-9061