

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP -5 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001174

1. Corporation Name

SUN DEVELOPMENT CORPORATION OF VIRGINIA

2. Principal Office Address

1216 S ORANGE BLOSSOM TRAIL-19 P O BOX 681958

Suite, Apt. #, etc.

LOT C-19

City & State

ORLANDO

Zip

32805

Country

USA

3. Mailing Office Address

P O BOX 681958

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32868-1958

Country

USA

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/25/96

SP

5. FEI Number

54-1830359

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

EDWARD GLOVER

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

1216 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, Etc.

LOT C-19

City

ORLANDO

State

FL

Zip Code

32805

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

Edward Glover

EDWARD GLOVER

REGISTERED AGENT MUST SIGN

Date *30 sept 2000*

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
PD	EDWARD GLOVER	3553 GREENFIELD AVENUE	ORLANDO FL 32808
DST	SANDY GLOVER	3553 GREENFIELD AVENUE	ORLANDO FL 32808
SVC	KAMI J CULBERT	3734 TAILBOARD WAY	MARTINEZ GA 30907
S	SEAN T CULBERT	3734 TAILBOARD WAY	MARTINEZ GA 30907

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)(l), 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

Edward Glover

EDWARD GLOVER

30 sept 2000 407-445-8937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #