

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 19 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003858

1. Corporation Name

SUNRISE FARM PRODUCTS INC.

Principal Place of Business

Mailing Address

16100 BAY POINTE BLVD., RM #E-504
FORT MYERS FL 33917

16100 BAY POINTE BLVD., RM #E-504
FORT MYERS FL 33917



REINSTATEMENT

00

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

07/07/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3930491

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SUH, HANG S	16100 BAY POINTE BLVD., RM #E-504	FORT MYERS FL

500003524495-8

-01/05/01--01020--020

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUH, HANG S
16100 BAY POINTE BLVD., RM #E-504
FORT MYERS FL 33917

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/13/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/00

Date

(941) 731-3132

Daytime Phone #