

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000004281

1. Corporation Name

SUNNYMAX MAINTENANCE PRODUCTS, INC.

Principal Place of Business

5371 NW 33RD AVE., STE. 205  
FT. LAUDERDALE FL 33309

Mailing Address

5371 NW 33RD AVE., STE. 205  
FT. LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4555 103<sup>rd</sup> Ave

Suite, Apt. #, etc.  
# 250, 2<sup>nd</sup> Floor

City & State  
Sunrise, FL

Zip  
33351

3. New Mailing Office Address, If Applicable

4555 103<sup>rd</sup> Ave

Suite, Apt. #, etc.  
# 250, 2<sup>nd</sup> Floor

City & State  
Sunrise, FL

Zip  
33351

FILED

99 OCT 25 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1998

5. FEI Number

22-3583141

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CDP	SWIFT, PHILIP	5371 NW 33RD AVE., STE. 205	FT. LAUDERDALE FL 33309
DV	SWIFT, ALAN	2 EXECUTIVE DR., STE. 3	MOORESTOWN NJ 08057
DST	SWIFT, ERIC	2 EXECUTIVE DR., STE. 3	MOORESTOWN NJ 08057

8. Name and Address of Current Registered Agent

SWIFT, PHILIP  
5371 NW 33RD AVE., STE. 205  
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4555 103<sup>rd</sup> Ave.  
Suite, Apt. #, Etc.  
# 250, 2<sup>nd</sup> Floor  
City  
Sunrise  
State  
FL  
Zip Code  
33351

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 10/20/99

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2040 (8/99)