

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN -3 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 53064**

1. Corporation Name

SUN * SONIC INC

2. Principal Office Address

P.O. Box 2050

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FT WALTON BEACH, FL

City & State

Zip

Country

32549

USA

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5 AUG 1983

5. FEI Number

59-2338480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

38.75. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM O. DREADIN

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

204 NORTHCLIFF DR

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32561

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

William O. Dreadin

REGISTERED AGENT MUST SIGN

Date **27 DEC 00**

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
P	WILLIAM O. DREADIN	204 NORTHCLIFF DR	GULF BREEZE, FL 32561

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:

William O. Dreadin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 DEC 00 (850) 932-5735
Date Daytime Phone #