

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G74174**

1. Corporation Name

SUN-TEK SYSTEMS, INC.

Principal Place of Business

Mailing Address

% CHARLES A. GROVE
12314 QUERCUS LANE WEST
PALM BEACH FL 33414

% CHARLES A. GROVE
12314 QUERCUS LANE WEST
~~PALM BEACH FL 33414~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12314 QUERCUS LN

1163 ROYAL PALM BCH BLVD

City & State

City & State

WELLINGTON, FL

ROYAL PALM BEACH, FL

Zip

Country

Zip

Country

33414

USA

33411

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GROVE, CHARLES A	12314 QUERCUS LANE W	W PALM BCH, FL 00000 33414 WELLINGTON, FL
D	GROVE, LINDA S	12314 QUERCUS LANE	W PALM BCH, FL 00000 WELLINGTON, FL 33414
V	BALLARD, DAVID	12177 56TH PL NORTH	ROYAL PALM BEACH FL, 33411

800002704118-7
-12/04/98-01116-020
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROVE, CHARLES A.
12314 QUERCUS LANE
PALM BEACH FL 33414

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

REINSTATEMENT REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Linda S. Grove
REINSTATEMENT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98
Date

561-790-0665
Daytime Phone #

APPROVED
AND
FILED

98 NOV 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

[Handwritten mark]

CR2E040 (9/98)