

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -2 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55785

1. Corporation Name

SUNPIER, INC.

2. Principal Office Address

162 Brent Circle

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip

34677

Country

USA

3. Mailing Office Address

162 Brent Circle

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip

34677

Country

USA

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

May 7, 1985

5. FEI Number

59-2742649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

900021080429

06/23/03--01056--013 ***1350.00

7. Name and Address of Current Registered Agent

Name

Gregory A. Fox

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

28050 U.S. 19 North

Suite, Apt. #, Etc.

Suite 100

City

Clearwater

State

FL

Zip Code

33761

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

Gregory A. Fox

REGISTERED AGENT MUST SIGN

Date

6/30/03

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	Jill Correale	162 Brent Circle	Oldsmar, FL 34677
VST	Steve Szasz	162 Brent Circle	Oldsmar, FL 34677

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Vice President

Date

6/19/03

(813) 925-1260

Daytime Phone #

CR2E081 (10/02)

217/7