

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H99281

1. Corporation Name

SUN SOUTH SYSTEMS, INC.

Principal Place of Business

8000 DOOLEY DRIVE
P.O. BOX 18723
PENSACOLA FL 32526
US

Mailing Address

8000 DOOLEY DRIVE
P.O. BOX 18723
PENSACOLA FL 32523-8723
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1986

5. FEI Number

59-2693777

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RHODES, E.J. JR.	8000 DOOLEY DRIVE	PENSACOLA FL

900023908639
10/17/03--01064--002 **150.00

8. Name and Address of Current Registered Agent

RHODES, E.J. JR.
8000 DOOLEY DRIVE
PENSACOLA FL 32506

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/13/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 850-944-5700

CR2E040 (7/03)

October 15, 2003

Florida Department Of State

Sun South Systems, Inc.
P.O. Box 18723
Pensacola, FL 32523
(850) 944-5100

Ref: Application For Reinstatement

Dear Sir or Madam:

Sun South Systems, Inc. did not receive the prior uniform business report for 2003.

If you have any questions please call me at the number listed above.

Sincerely,



E. J. Rhodes Jr.
Officer