

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K64954

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** SONNY BEACH, INC.

**Current Principal Place of Business:**

1833 A HURLBURT RD.  
FT. WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

133 BEAL PARKWAY  
FT. WALTON BEACH, FL 32548 US

**Current Mailing Address:**

1833 A HURLBURT RD.  
FT. WALTON BEACH, FL 32547 US

**New Mailing Address:**

133 BEAL PARKWAY  
FT. WALTON BEACH, FL 32548 US

**FEI Number:** 59-2936672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCCI, VINCENT  
113 KIPLING DR  
CRESTVIEW, FL 32539 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VINCENT T BUCCI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUCCI, VINCENT T  
Address: 113 KIPLING DR  
City-St-Zip: CRESTVIEW, FL 32539

Title: V  
Name: COCCODRILLI, JASON  
Address: 8940 RIVER PINE RD  
City-St-Zip: CORDOVA, TN 38016

Title: T  
Name: COCCODRILLI, AIMEE  
Address: 8940 RIVER PINE RD.  
City-St-Zip: CORDOVA, TN 38016

Title: S  
Name: BUCCI, JENNIFER T  
Address: 113 KIPLING DR  
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT T. BUCCI

P

10/01/2012

Electronic Signature of Signing Officer or Director

Date