PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 19 AM 8:00

DOCUMENT # K77318

1. Corporation Name

SUN 'N FUN STORES, INC.

REINSTATEMENT 02-04
MRS

2. Principal Office Address		**3.** Mailing Office Address	
1920 SOUTH OCEAN DRIVE		1920 SOUTH OCEAN DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
MALAGA TOWERS - UNIT 16C		MALAGA TOWERS - UNIT 16C	
City & State		City & State	
HALLANDALE, FL		HALLANDALE, FL	
Zip	Country	Zip	Country
33009	USA	33009	USA

4. Date Incorporated or Qualified To Do Business in Florida 04/04/1989

5. FEI Number 04-2320440 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GENE K. GLASSER

200033052482
04/19/04--01019--008 **105.00

Street Address (P.O. Box Number is Not Acceptable)
2021 TYLER STREET

Suite, Apt. #, Etc.

City	State	Zip Code
HOLLYWOOD	FL	33020

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 _____ Date 4/7/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DP	SUSAN B. CHORNEY	1920 SOUTH OCEAN DRIVE	HALLANDALE, FL 33009
		MALAGA TOWERS - UNIT 16C	

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: Susan B Chorney 4/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #