

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 15 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

New Sun, Inc. K94402

200004785182--7  
-01/18/02--01068--014  
\*\*\*1323.75 \*\*\*1323.75

2. Principal Office Address

215 Linda Vista Drive

Suite, Apt. #, etc.

3. Mailing Office Address

215 Linda Vista Drive

Suite, Apt. #, etc.

City & State

Hendersonville, NC

City & State

Hendersonville, NC

Zip

28792

Country

USA

Zip

28792

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 6/2/1989

5. FEI Number

65-013973

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

CT Corporation System

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

C/O CT Corporation System

Suite, Apt. #, Etc.

1200 South Pine Island Road

City

Plantation

State

FL

Zip Code

33324

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

*Cornie Bryne*

REGISTERED AGENT MUST SIGN

Date 1-15-02

**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
Pres	James Salvadori, Jr	125 Kindy Forest	Hendersonville, NC 28739
VP	Cecilia A. Salvadori	125 KandyForest	Hendersonville, NC 28719

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:

*Cecilia A. Salvadori* Cecilia A. Salvadori

1/14/02

828-697-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



*New Sun, Inc.*

HEALTH PRODUCTS

215 LINDA VISTA DRIVE  
HENDERSONVILLE, NC 28792  
(828) 697-4343 FAX (828) 697-5055  
Visit us at [www.newsun.net](http://www.newsun.net)

14 January 2002

Florida Sec of State  
409 East Gaines Street  
Tallahassee, FL 32399

Enclosed is our check in the amount of \$1315 to reinstate New Sun, Inc with the state of Florida. We never received notification for annual filing. Please reinstate as soon as possible.

Thank you.

Sincerely,

Cecilia A. Salvadori  
Vice President