

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K94402*

1. Corporation Name

New Sun, Inc.

2. Principal Office Address

215 Linda Vista Dr

Suite, Apt. #, etc.

City & State

Hendersonville, NC

Zip

28792

Country

U.S.

3. Mailing Office Address

215 Linda Vista Dr.

Suite, Apt. #, etc.

City & State

Hendersonville, NC

Zip

28792

Country

U.S.

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

06/02/1989

5. FEI Number

65-0138973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *03-04*

7. Name and Address of Current Registered Agent

Name

JOSEPH G. SPITZ, CPA

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

14255 US HIGHWAY ONE

Suite, Apt. #, Etc.

SUITE 241

City

JUNO BEACH

State

FL

Zip Code

33408

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

Joseph G. Spitz, CPA
REGISTERED AGENT MUST SIGN

Date *10/25/04*

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
<i>P/D</i>	<i>James Salvadori, Jr.</i>	<i>308 Calle Linda</i>	<i>Sedona, AZ 86336</i>
<i>V/S/D</i>	<i>Cecilia A. Salvadori</i>	<i>308 Calle Linda</i>	<i>Sedona, AZ 86336</i>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Oct. 2004
Date

Daytime Phone #

828 697-4343

CR2001 (01/04)