PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

大学 という

.

SIGNATURE:

L50701

**SUNNY ENTERTAINMENT CORPORATION** 

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

97 DEC 31 AM 10: 53

SECRETARY OF STATE TALLAHASSEE. FLORIDA

						WELNINGSEE.	FLUKIDA
Principal P	lace of Business	Mailing Address	<del></del>	·			
% KEVIN A. SENTNER -1000 W MAIN ST BOX 1357- -LEESBURG FL 32749 -		% KEVIN A. SENTNER 1000 W MAIN ST BOX 1357 LEESBURG FL 32749					
If above	addresses are incorrect in any way, line t	hrough incorrect informatic	on and enter	correction below.	REINS	TATEMENT	(A)
		3. New Mailing Office	Mailing Office Address, If Applicable		Date Incorporated or Qualified		
Suite, Apt. #, etc. 1015. HWY. 27		Suite, Apt. #, etc. 14504 Anchore		T Road	5. FEI Number Applied For		
		City & State	TAMPA FC		65-0183500 Not Applicable		
	Sg Country U.S.	3362Y	Countr	u.s.	CERTIFICAT		.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer an Name of Officers	d/or Director (Florida non	<del></del>			<del></del>	
Title(s)	and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City/S	tate / Zip
0/9	P BERLE, MARSHALL		14504 Anchoret			ROAD TAMPA, FC 33624	
					6	00002391 -01/06/98 ****750.00	01074009 *****750.00
<b>44 •</b> • • •	8. Name and Address of Curren	l Registered Agent			9. Name and	Address of New Registered	Agent
AP			··	Name	-		
SENTNER, KEVIN A.  -1000 W MAIN ST -LEESBURG FL 32749				Street Address (P.O. Box Number Is Not Acceptable)  / > / S. HWY. 2.7  Suite, Apt. #, Etc.			
				CityLAdy	LAKE	State FL	Zip Code 3215-9
Signature of Registered	Agont	REGISTERED AGENT MU		th and accept the ob	ligations of Sact	Date / 2//3	197
	is corporation owes or h angible Personal Prope			ar Yes 🗹	No 🗆		de for Information ngible tex.)
this rein	that I am an officer or director or the recistatement application, the reason for disty the corporation have been paid and the application is true and accurate, and my to	solution has been eliminat names of Individuals liste	ed, the corpo ed on this for	rate name satisfies to m do not qualify for a	he requirements an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees

12.29-97

813- 264-4808 Daytime Phone #