PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 AUG -3 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L72278

1. Corporation Name

SUN EXPRESS GROUP, INC.

Principal Place of Business	Mailing Address
C/O GUY LINDLEY. PRESIDENT 411 LIGHTHOUSE POINT PALM BEACH GARDENS FL 33410	C/O GUY LINDLEY. PRESIDENT 411 LIGHTHOUSE POINT PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1515 UNIVERSITY DR.	1515 UNIVERSITY DR.
Suite, Apt. #, etc.: 111C	Suite, Apt. #, etc.: 111C
City & State: CORAL SPRINGS · FL	City & State: CORAL SPRINGS · FL
Zip: 33071-6302 Country: USA	Zip: 33071-6302 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/09/1990

5. FEI Number: 65-0254624 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LINDLEY, GUY T	411 LIGHTHOUSE DR	PALM BCH GDNS FL 33410
			300004527333--8 08/03/01 01061--023 ****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

LINDLEY, GUY T
411 LIGHTHOUSE ~~POINT~~ DR.
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: G Lindley SIGNATURE REQUIRED — Date: 8/2/01
REGISTERED AGENT MUST SIGN

11. 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: G Lindley Guy T. Lindley - PRES. — 8/2/01 — 561-662-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #