

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M69139**

1. Corporation Name

SUN STATE VAN SERVICES, INC.

Principal Place of Business

Mailing Address

5151 SHAWLAND RD
JACKSONVILLE FL 32254
US

5151 SHAWLAND RD
JACKSONVILLE FL 32254
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1988

5. FEI Number

59-2902048

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
D	CROOK, DAROLYN RICHARD	5151 SHAWLAND RD	JACKSONVILLE FL

100025504491
12/15/03--01036--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROOK, DAROLYN RICHARD
5151 SHAWLAND RD
JACKSONVILLE FL 32205

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/11/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/03

Date

Daytime Phone #

CR2E040 (7/03)

Sun State Van Services, Inc.

5151 Shawland Road
Jacksonville, Florida 32254
(904) 695-2330

December 11, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Gentlemen:

Enclosed is application for reinstatement and check in the amount of \$150.00 for the filing fee.

We ask that the penalty be waived as we have no record of receiving the prior Uniform Business Report notices.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Crook", with a long horizontal flourish extending to the right.

Richard Crook
President