

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 JAN -7 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013608

1. Corporation Name

SUNRISE YACHT REFINISHING, INC.

Principal Place of Business

2185 NO ROCK ISLAND RD
MARGATE FL 33063

Mailing Address

2185 NO ROCK ISLAND RD
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2000

5. FEI Number

650984323

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	PHAN, DAT V	2185 NO ROCK ISLAND RD	MARGATE FL 33063
D	VAN, LINDA	2185 NO ROCK ISLAND RD	MARGATE FL 33063
D	NGUYEN, THO	2185 NO ROCK ISLAND RD	MARGATE FL 33063

400004795674--9
-01/25/02--01020--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PHAN, DAT V
2185 NO ROCK ISLAND RD
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

LINDA VAN

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

307 SW 79 TERRACE

Suite, Apt. #, Etc.

City

NO LAUDERDALE

State

FL

Zip Code

33068

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

Linda Van SIGNATURE REQUIRED

Date

1/2/02

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:

Linda Van SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/02

Daytime Phone #

CR2E040 (8/01)

SUNRISE YACHT REFINISHING INC

2185 NORTH ROCK ISLAND ROAD
MARGATE, FL 33063
#65-0984323

JANUARY 2, 2002

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

* PLEASE BE ADVISED THAT WE NEVER RECEIVED THE ANNUAL REPORT AS WE WERE OUT OF STATE FOR SEVERAL MONTHS ON BUSINESS. WE HAVE ENCLOSED A CHECK FOR \$150 AND REQUEST THAT YOU CANCEL THE DISSOLUTION ORDER.

WE WOULD APPRECIATE ANY CONSIDERATION IN THIS MATTER.

PLEASE ADVISE.

SINCERELY,

LINDA VAN
REGISTERED AGENT



* See proof