

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **P00000026059**

1. Corporation Name

**SUN DIFFUSION USA, INC.**

Principal Place of Business

**12550 BISCAYNE BLVD. #500  
MIAMI FL 33181**

Mailing Address

**12550 BISCAYNE BLVD. #500  
MIAMI FL 33181**

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

**03/14/2000**

5. FEI Number

**65-0992908**

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

**DPST**

**ACKENINE, BRUNO**

**12550 BISCAYNE BLVD #500**

**MIAMI FL 33181**

8. Name and Address of Current Registered Agent

**VIVIES, PATRICK**

**700 E.DANIA BEACH BLVD.#202  
DANIA FL 33004**

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

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/23/02 3054590761**

Date

Daytime Phone #

CR2E040 (8/02)



October 25, 2002

Department of State  
Annual Reports Filing  
Division of Corporations  
PO Box 1500  
Tallahassee, Fl 32302-1500

Gentlemen,

Please find enclosed a 2002 annual report for Sun Diffusion USA Inc. and a check of \$150. I was out the country for the first six months of the year. We have no records of receiving the first notice of annual report for 2002 and just received this form. In light of these circumstances, I would appreciate that you waive the late payment penalty.

Sincerely,

Bruno Ackenine

12550 Biscayne Boulevard  
Suite 500  
Miami, Florida 33181  
Tel: (305)459-0761  
Fax: (305)459-0762  
info@citygourmetusa.com

