

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 24 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033353

1. Corporation Name

SUN ISLAND INVESTMENT CORPORATION

2. Principal Office Address

7156 S. SHORE DR. S.

3. Mailing Office Address

6860 GULFPORT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#184

City & State

SOUTH PASADENA, FL

City & State

ST. PETERSBURG, FL

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/00

5. FEI Number

59-3643196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH PAUL WEISHAAR

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

7156 S. SHORE DR. S.

Suite, Apt. #, Etc.

500007108785--9

-08/14/02--01046--013

***300.00 **300.00

City

SOUTH PASADENA

State

FL

Zip Code

33707

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth Paul Weishaar

REGISTERED AGENT MUST SIGN

Date 6/19/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KENNETH PAUL WEISHAAR	7156 S. SHORE DR. S.	S. PASADENA, FL 33707

10. 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)(l), 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:

Kenneth Paul Weishaar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/02

Date

727-344-2360

Daytime Phone #

CR2E081 (9/01)