

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000056515			
1. Corporation Name RYKEL Corporation DBA SUN! SUN! AT THE GARDEN 140 Sunrise Ave P.B., FL 33480			
2. Principal Office Address 140 Sunrise Ave Suite, Apt. #, etc. AT THE GARDENS RST. City & State Palm Beach, FL Zip 33480 Country P.B.		3. Mailing Office Address 140 Sunrise Ave Suite, Apt. #, etc. City & State Palm Beach Zip 33480 Country P.B.	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 65-1044489		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Richard SAMBRAUS			
Street Address (P.O. Box Number is Not Acceptable) 303 EAGLETON PLAC			
Suite, Apt. #, Etc. City P.B.G.			
State FL		Zip Code 33418	
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 Richard Sambras		Date 11/23/01	
REGISTERED AGENT MUST SIGN			
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
PRES	ERIC SAMBRAUS	313 EAGLETON PL.	P.B.G., FL 33418
SEC	TONY DETOSIA	401 C Pine Crest Cir.	Jupiter FL 33418
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)(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: Richard Sambras		Date 11/23/01 541-694-9003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 PM 5:37

CR2E031 (9/00)

11/29/01

TO WHOM IT MAY CONCERN!

WE ARE A SEASONAL RESTAURANT
AND IT WAS OUR 1ST YEAR TO THE
BEST OF MY KNOWLEDGE, I NEVER RECEIVED
A FORM, PLEASE EXCEPT MY APOLOGIES FOR
ANY INCONVENIENCES THIS MAY CAUSE. I
CALLED ON 11/15, I SPoke TO Mrs. J. K. K. K.
WHO SAID SHE WOULD MAIL OUT MY FORM.
PLEASE EXCEPT THE NORMAL FEE OF \$50.00,
SINCE I NEVER RECEIVED A FORM.

Thank you
Tony Petrosic