

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 13 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000061752

1. Corporation Name

Sun Collector III, Inc.

2. Principal Office Address

5 Via Mizner, Worth Ave

3. Mailing Office Address

5 East 57th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

New York, NY

Zip

33480

Country

U.S.

Zip

10022

Country

U.S.

REINSTATEMENT 01-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/26/00

5. FEI Number

65-1020184

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

National Corporate Research, Ltd.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Karen McKeown
REGISTERED AGENT MUST SIGN

Karen McKeown, Asst. Secretary

Date

7/12/05

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	Thierry Prissert	162 Esperanza Way	Palm Beach Gardens, FL 33418
Sec	Jane Welsh	c/o Pavia/Harcourt, 600 Madison Ave.	New York, NY 10022
Treas	Thierry Prissert	162 Esperanza Way	Palm Beach Gardens, FL 33418

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRISSEPT

Date

7/11/05

Daytime Phone #

212 596
9220
Ext 11

CP2E081 (01/05)