

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000081687**

1. Corporation Name

SUNDIAL DESIGN, INC.

Principal Place of Business

4521 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33418

Mailing Address

4521 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33418

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

08/29/2000

5. FEI Number

65-1040670

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
DPST	PASULO, THOMAS A	4521 PGA BLVD., STE 107	PALM BEACH GARDENS FL 33418

700024099967
10/27/03--01004--017 **150.00

8. Name and Address of Current Registered Agent

FAUSULU, TOMS
4521 PGA BLVD #107
JUPITER FL 33478

9. Name and Address of New Registered Agent

Name

Tom A FASULO

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

4521 PGA BLVD

Suite, Apt. #, Etc.

#107

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

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

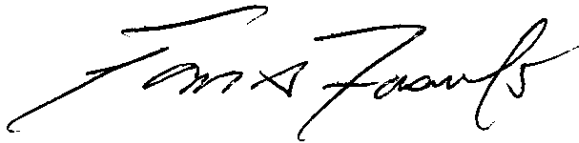
Date

Daytime Phone #

CR2E040 (7/03)

To Whom It May Concern:

I Tom A Fasulo being appointed agent for Sundial Design inc. did not receive an application for renewal for a corporation. I did receive notice of dissolution and I am notifying you so I will not be charged a penalty.

A handwritten signature in black ink, appearing to read "Tom A Fasulo". The signature is written in a cursive, flowing style with a large initial "T" and "F".