

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 10/2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:55

DOCUMENT # P00000106902

1. Corporation Name

SONNEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

43 BAY DR.
KEY WEST FL 33040

43 BAY DR.
KEY WEST FL 33040



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65 105 4650

Not Applicable

Zip

Country

Zip

Country

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
P	BRUCE SONNENFELD	43 BAY DRIVE	KEY WEST / FL / 33040
S	NANCY KAPLITZ	43 BAY DRIVE	KEY WEST / FL / 33040
			900004662779--1 -11/01/01--01052--005 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLENDINING, M. KATHLEEN
9070 KIMBERLY BLVD., STE. 57
BOCA RATON FL

Name

BRUCE SONNENFELD

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

43 BAY DRIVE

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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.

Signature of
Registered Agent

Bruce Sonnenfeld
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/13/01

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:

Bruce Sonnenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

305-292-5675

CR2ED40 (8/01)

292

October 16, 2001
43 Bay Drive
Key West, FL 33040

FL Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that previous Uniform Business Report notices sent from your office have not been received. As such, we request you process our application and accept the \$150.00 fee enclosed.

~~Please feel free to contact me if you have any questions.~~

Thanks for your help regarding this matter,

Bruce Sonnenfeld

Bruce Sonnenfeld
President
Sonnen Enterprises, Inc.
(305) 292 - 5675