

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031899

1. Corporation Name

SUNNY HOLDINGS CO.

REINSTATEMENT 02

100009034421
11/15/02--01096--015 **758.75

2. Principal Office Address

2367 Topaz Trail Drive

Suite, Apt. #, etc.

City & State

Kissimme, FL

Zip
34743

Country
USA

3. Mailing Office Address

2367 Topaz Trail Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip
34743

Country
USA

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

March 26, 2001

5. FEI Number
36-4432815

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

Frank A. LaRocco

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

2367 Topaz Trail

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code
34743

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

Frank LaRocco

Date 11/14/02

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
President/Director	Frank A. LaRocco	2367 Topaz Trail	Kissimmee, FL 34743
Secretary/Treasurer/Director	Joy Marie Salamone	5521 N. Cumberland, Suite 1109	Chicago, IL 60656

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:

Joy Marie Salamone Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02
Date

773-775-5700
Daytime Phone #

CR2001 (9/01)

11/20