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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

03 MAR 28 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070481	
1. Corporation Name SUNNYVALE VANS, INC.	
2. Principal Office Address 324 SW Lakeview Dr. Suite, Apt. #, etc.	3. Mailing Office Address 324 SW Lakeview Dr. Suite, Apt. #, etc.
City & State SEBRING, FL.	City & State SEBRING, FL.
Zip 33870	Country Highlands

500014913285
03/28/03--01054--027 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 07-16-2001
5. FBI Number ☒ Assisted for ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name: Clifford R Rhoades	
Street Address (P.O. Box Number is Not Acceptable): 227 North Ridge wood Drive	
Suite, Apt. #, Etc.	
City: Sebring	State: FL Zip Code: 33870

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent: <i>[Signature]</i>	Date: 3-21-03
REGISTERED AGENT MUST SIGN	

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Index	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RICHARD K WHITE	324 SW LAKEVIEW DR.	SEBRING, FL. 33870
D	FRANK J. APPELHANS	7091 SALVIA ST.	ARVADA, CO. 80007

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)(f), 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 K White	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard K. White	Date 03-21-03	Daytime Phone # 381-3565
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C:\222\1 (1002)

March 25, 2003

Florida Dept. of State
Division of Corporations

APC 208

We did not receive the notice in 2002
for our annual report, and I was not aware
of the dissolution until about March 15th, 03.
We would like to apply for reinstatement.

Thank You
Richard White
Sunquale Tans.