

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **901000102326**

1. Corporation Name

SUN-KISSED PROMOTIONS, INC

2. Principal Office Address

7110 N UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE D

City & State

TAMARAC, FLORIDA

Zip

33321

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

000023487950
10/01/03--01046--008--**750.00
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/03

5. FEI Number

651145567

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State

FL

Zip Code

33145

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

SAME AS PREVIOUS YEAR

Michele Taylor

Date **10-10-03**

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
PSTD	MICHELE TAYLOR	7110 N UNIVERSITY DR STE D	TAMARAC, FL 33321
VP	MICHEAL THOMAS	7110 N UNIVERSITY DR STE D	TAMARAC, FL 33321

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

Michael Thomas V.P.

Date

9/27/03 (954)721-8451

Daytime Phone #

CR2E081 (10/02)

21 10/22