

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #7 P010000105365

1. Corporation Name

Sun Island Enterprises Inc.

2. Principal Office Address

21CA Duval Street

3. Mailing Office Address

2905 Venetian Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL.

City & State

Key West, FL.

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/01

5. FEI Number

65-1153233

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

David Perets

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

2905 Venetian Drive

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

David Perets

REGISTERED AGENT MUST SIGN

Date 10/17/03

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
Pres.	David Perets	2905 Venetian Drive	Key West, FL. 33040

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:

David Perets - David Perets

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03 305-797-5193

Daytime Phone #

CR2E081 (10/02)

2/10/21