

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003274

**1. Corporation Name**

Sundial Accessories, Inc.

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

4105 N. 48th Ave.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

Broward

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

January 10, 2002

**5. FEI Number**

03-0374543

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-05

**7. Name and Address of Current Registered Agent**

Name

Mitchell N. Levin

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

4105 N. 48th Ave.

Suite, Apt. #, Etc.

City

Hollywood,

State  
FL

Zip Code  
33021

**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

*[Signature]*

Date 4/22/05

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|---------|--------------------------------------|---|---------------------|
| Preside | Mitchell N. Levin                    | 4105 N. 48th Ave.                                 | Hollywood, FL 33021 |
|         |                                      |   |                     |
|         |                                      |   |                     |
|         |                                      |   |                     |
|         |                                      |   |                     |
|         |                                      |   |                     |
|         |                                      |   |                     |

000054124240  
05/10/05--01008--006 \*\*450.00

**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 807.0401 or 817.0401, 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]*

Pres. Mitchell N. Levin 4/22/05 954-558-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

680 2

CP25061 (01/05)