## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000014061 DOCUMENT #

1. Corporation Name

FLORIDA SUN REAL ESTATE, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 15 PH 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORID A CHRACKER SAC BROOK FIRM CRUIS CRUIS BROOK CRUIS CIRUS BLOCK CRUIS CONT. CARE CRUIS

2488 NW 67 BOCA RATO	STREET N FI, 33496	2488 NW 67-8 BOGA RATON						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
2. New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable 4.		Date Incorporated or Qualified     To Do Business in Florida     On 104 10000			
Suite, Apt. #, etc. Suite, Apt. #,			ec.				02/04/2002	
City & State  City & State  City & State					5. FEI Number		Applied For  Not Applicable	
DUCT	11/0/01/	BOCH	RATON,	PC	6.		\$8.75 Additional Fee required	
zip 33火	87 PALM BEACH	253 4 a	P/ PAC	M BEACH	CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s) 1	. Name of Officers and/or Directors			reet Address of Each ficer and/or Director		Cit	ty / State / Zip	
D	D MEIDINGER, ROSE ANN		1426 MIRA-VISTA CIR		WESTON FL 33327			
			859 SET	TERY SI	207	BOCK KATO	DN, FC 33 X87	
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			,,90			00023802299 /0301016008 **150.00		
					10/15/	U3U1U16UC	8 **15U.UU	
				,				
	8. Name and Address of Current F	legistered Age	nt		9. Name and A	Address of New Regist	ered Agent	
Name Pos					E ANAS-1	MELDING	ER-	
RICH, KENNETH  Street Address (P.1)  2488 NW 67 STREET  \$\mathcal{L}(\mathcal{P}\) \mathcal{T}					O. Box Number	is Not Acceptable)		
	RATON FL 33496		Suite, Apt. #, Etc.	EFFEK,	<u> </u>			
				BOCARA	ATON .		State Zip Code FL 33 487	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.								
Signature of Registered Agent Local Cham Mediangum Date 10/9/03							0/9/03	
	· RE	GISTERED AG	ENT MUST SIGN		<del></del>	L. f	/	
11. 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 filling								

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

Daytime Phone #

October 9, 2003

Florida Department of State Glenda E. Hood Secretary of State Division of Corporations

Re: Florida Sun Real Estate, Inc.

To Whom It May Concern:

Please acceot my application to reinstate my corporation with the normal \$150 fee as this is the first time that I have seen this form because it had been going to the incorrect address. The individual that it was going to is elderly and ill, he retired from the business over a year ago. He only realized that this was important to contact me when he read the red letters on the envelope stating the notice of dissolution or revocation.

The correct address for correspondence should be:

Rose Ann Meidinger 859 Jeffery St # 207 Boca Raton, FL 33487

Thank you,

Rose Ann Meidinger