

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$150

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000102871

1. Corporation Name

SUNNY DAYS of Sun City Inc

REINSTATEMENT

03

MRB

500025732235
12/23/03--01050--018 **150.00

2. Principal Office Address

18227 Clear Lake Dr

3. Mailing Office Address

18227 Clear Lake Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

Zip

33548

Country

Hillsborough

Zip

33548

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/02

5. FEI Number

01-0770007

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

Michael G. Frunzi

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

18227 Clear Lake Drive

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548

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

Michael G. Frunzi

REGISTERED AGENT MUST SIGN

Date 12/1/03

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
<u>Pres</u>	<u>Michael G. Frunzi</u>	<u>18227 Clear Lake Dr.</u>	<u>Lutz, FL 33548</u>

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:

Michael G. Frunzi

Michael G. Frunzi

Date

12/1/03

Daytime Phone #

813-909-2926