

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124505

1. Corporation Name

SUNSTATE ASSET MANAGEMENT, INC.

2. Principal Office Address

10012 N Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, FL

Zip

33618

Country

USA

3. Mailing Office Address

PO Box 6190

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33508-6190

Country

USA

REINSTATEMENT 03

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

11/21/2002

5. FEI Number

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

Jeffrey A. Dowd, P.A.

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

3016 US Hwy 301 North

200024391052
11/03/03--01108--018 **150.0

Suite, Apt. #, Etc.

Suite 900

City

Tampa

State

FL

Zip Code

33619

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

Jeffrey A. Dowd, President

REGISTERED AGENT MUST SIGN

Date 10/30/03

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
PSTD	James R. Kelly	10012 N Dale Mabry Hwy	Tampa, FL 33618
VP	James Holdman	10012 N Dale Mabry Hwy	Tampa, FL 33618

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:

James R. Kelly

Secretary

10/30/03

813-961-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUNSTATE ASSET MANAGEMENT, INC.

10012 North Dale Mabry Highway, Suite 100
Tampa, Florida 33618

October 30, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Sunstate Asset Management, Inc.
P02000124505

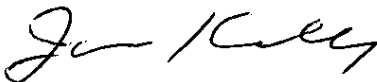
Dear Sir/Madam:

Please be advised that Sunstate Asset Management, Inc. did not receive its 2003 Uniform Business Report and was recently advised that the corporation had been dissolved for failure to file its UBR and pay the annual filing fee. Enclosed please find an Application for Reinstatement along with the required annual filing fee of \$150.00. At this time I would ask that you please waive the \$600.00 reinstatement fee as Sunstate Asset Management, Inc. did not previously receive the Uniform Business Report.

Should you have any questions, please call.

Sincerely,

SUNSTATE ASSET MANAGEMENT, INC.



James R. Kelly
Secretary