2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000028616 1. Entity Name SUNCO, INC.				FILED
conco,				05 IAN 25 AM 9: 24
· ·		Malling Address		SECRETARY OF STATE
8239 CHICKASAW TRAIL 8239 CHICKASAW TRAIL TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312			2	TALLAHASSEE, FLORIDA
				LIBRITARI DE BRIBA HILI OTIN ARDI COMA AGUA LIBRI LONG RIBRI HILI BURTARI HILI
2. Principal Place of Business Power Mill (+ 2708-C Power			re-Mill	
Suite, Apt.	Suite, Apt. #, etc. S			01252005 REIN-P CR2E098 (6/04)
City & State		City & State	CI	4. FEI Number Poplied For Not Applicable
Zip Country		Zip /	Country 5 Q	5 Certificate of Status Desired \$8.75 Additional
3650	6. Name and Address of Current Regi	323 0 \ Istered Agent		7. Name and Address of New Registered Agent
LINDSEY.	WM. SCOTT		Name	Andray Herron
1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308			Street Ad	Idress (P.O. Box Number is Not Acceptable)
	-			2708-C Power Mill Ct
			City T	아() FL Zip Code 3230
	e named entity submits this statement for the tions of registered agent.	purpose of changing its reg	gistered office or i	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.				1/27/05
	Signature, typed or printed game of registered agent and titl	e il applicable (NOTE: B	agtititised Agent tighat	Ure required when relinstating) DATE
FI	LE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	HERRON, ANDRAY M	□ Delete	NAME	Andray M Herron
STREET ADDRESS CITY-ST-ZIP	8239 CHICKASAW TRAIL TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP	3433 Mahoney Dr 7911 A 32301
TITLE NAME	D HERRON, CHRISTOPHER S	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	10553 N. MERIDIAN ROAD		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME		□ beiete	NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	TEMENT 64-05
TITLE		☐ Delete	TITLE P	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME 13 0 C	
CITY-ST-ZIP			CITY-ST-ZIP	Channe TI Addition
NAME		☐ Delete	TITLE NAME	□ Change □ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP	02/03/0501008023 **308.75
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME Street address	
STREET ADDRESS)		A1734 A7 710	
CITY-ST-ZIP	portification information and the design and the second	filing does not musting to	CITY-ST-ZIP	od in Cooling 110 07/9Vi) Florida Ctab ton 16 other and 16 other int
12. I hereby indicated of the cor	fon this report or supplemental report is true	and accurate and that my ed to execute this report as	e exemption state signature shall ha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director other 667, Florida Statutes; and that my name appears in Block 10 or Block 11 if
CITY-ST-ZIP 12. I hereby indicated of the column	don this report or suppleme <u>ntal report is true</u> reporation or the receiver or trustee empower or on an attackment with an address, with	and accurate and that my ed to execute this report as all other like empowered.	e exemption state signature shall ha required by Chap	ave the same legal effect as if made under oath; that I am an officer or director