

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000150369	
1. Entity Name SUNFI INSURANCE SERVICES INC	

Principal Place of Business 4760 TAMiami TRAIL N. #26 NAPLES, FL 34163	Mailing Address 4760 TAMiami TRAIL N. #26 NAPLES, FL 34163
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2. Principal Place of Business - No P.O. Box # 5051 Castello Dr Suite 25 Naples, FL 34103 Country USA	3. Mailing Address 5051 Castello Dr Suite 25 Naples, FL 34103 Country USA
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10152007 REIN-P CR2E098 (1/07)

4. FEI Number 20-1831877	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALOLLI, BELINDA 4760 TAMiami TRAIL N. #26 NAPLES, FL 34163	7. Name and Address of New Registered Agent Name: Gezim Malolli Street Address (P.O. Box Number is Not Acceptable): 5051 Castello Dr #25 City: Naples FL Zip Code: 34103
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gezim Malolli* 10.24.07
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALOLLI, GEZIM 4760 TAMiami TRAIL N. #26 NAPLES, FL 34163 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5051 Castello Dr Suite 25 Naples, FL 34103 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Belinda Malolli 1855 Veterans Park Dr Naples, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Belinda Malolli 1855 Veterans Park Dr #301 Naples, FL 34109 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000111503560 10/30/07-01055-011 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gezim Malolli* 10.24.07 239 595 5915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/20