

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000158021

1. Entity Name
LINDA SUN, INC.



Principal Place of Business
8590 SUNRISE LAKES BLVD.
#303
SUNRISE, FL 33322

Mailing Address
8590 SUNRISE LAKES BLVD.
#303
SUNRISE, FL 33322

2. Principal Place of Business - No P.O. Box #
7520 Seabreeze Dr.
Suite, Apt. #, etc.

3. Mailing Address
7520 Seabreeze Dr.
Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip
33467

Country
US

Zip
33467

Country
US



REINSTATEMENT 06-07

4. FEI Number
20-1912729

Approved For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUN, LINDA
8590 SUNRISE LAKES BLVD.
#303
SUNRISE, FL 33322

7. Name and Address of New Registered Agent

Name
Sun, Linda
Street Address (P.O. Box Number is Not Acceptable)
7520 Seabreeze Dr.
City
Lake Worth FL Zip Code
33467

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE 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 DIRECTORS

TITLE
NAME
D
SUN, LINDA
STREET ADDRESS
8590 SUNRISE LAKES BLVD. #303
CITY-ST-ZIP
SUNRISE, FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
Sun, Linda
STREET ADDRESS
7520 Seabreeze Dr.
CITY-ST-ZIP
Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

Date

(954) 224-6783

Daytime Phone #