

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 10 AM 10:15

DOCUMENT # P07000029448

1. Corporation Name

Bunker Management, Inc.

WI-38512

2. Principal Office Address - No P.O. Box #

601 Cleveland ST.

3. Mailing Office Address

P.O. Box 1912

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

City & State

CLEARWATER FL.

City & State

CLEARWATER FL.

Zip

33755

Country

USA

Zip

33755

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/07

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

WARREN LAFLAY

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

1747 MEHL ROSE AVE.

Suite, Apt. #, Etc.

City

Belleair

State

FL

Zip Code

33756

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

WARREN LAFLAY

Date

8/9/10

REGISTERED AGENT MUST SIGN

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
DPJ	Phil Trullinger	18870 Valencia	NORTH VILLE, MI 48168
			200184335972 09/10/10--01037--015 **50.00
			200184335972 08/13/10--01042--006 **1000.00

10. E-mail Address:

WARREN@SIN+PROPICTURES.COM

(To be used for future annual report notification)

11. 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, I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/10 6784624691