

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000052896

1. Corporation Name

Sunburst Books, Inc.

WI-5507

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

700 S. John Rodes Blvd.

3. Mailing Office Address

700 S. John Rodes Blvd.

Suite, Apt. #, etc.

# D-8

Suite, Apt. #, etc.

# D-8

City & State

West Melbourne, FL

City & State

West Melbourne, FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4 Date Incorporated or Qualified  
To Do Business in Florida

5/2/07

5. FEI Number

27-1773358

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

Chris Wicht

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

682 Sheridan Woods Dr.

Suite, Apt. #, Etc.

City

West Melbourne

State

FL

Zip Code

32904

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Chris Wicht

Date 2-12-10

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
D/P	Chris Wicht	682 Sheridan Woods Dr	West Melbourne, FL 32904
S	Rachael Wicht	682 Sheridan Woods Dr	West Melbourne, FL 32904

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2/2/17

10. E-mail Address: Sunburstbooks@aol.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:

Chris Wicht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-10

Date

321-409-0225

Daytime Phone #