PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2017 SEP 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000021868

1. Corporation Name

Sunco Inc

000303374750
09/28/17--01004--006 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
5086 Woodbine Cir	3433 Mahoney Dr
Suite, Apt #, etc	Suite, Apt #, etc
	1
City & State: Tallahassee Fl	City & State: Tallahasee FL
Zip: 32303 Country: USA	Zip: 32309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/7/2011

5. FEI Number: 13-4214215 ☐ 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: Andray Herron

Street Address (P.O. Box Number is Not Acceptable): 3433 Mahoney Dr

Suite, Apt #, Etc:

City: Tall | State: FL | Zip Code: 32309

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: _____ Date: 9/28/17

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
President	Andray Herron	3433 Mahoney Dr	Tall, FL 32309
Vice President	Chris Herron	10553 N Meridian Rd	Tallahassee FL 32312

10. E-mail Address: allcustominc@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F S

SIGNATURE: _____ 9/28/17 850 591-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #