

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:34

DOCUMENT # *P-9300002AB54*

1. Corporation Name  
*SUNBINT ASSET MANAGERS, INC*

2. Principal Office Address  
*4501 N. LEXINGTON RD. #104*  
Suite, Apt. #, etc.

3. Mailing Office Address  
  
Suite, Apt. #, etc.

City & State  
*MELBOURNE FL*  
Zip  
*32935*

City & State  
*FL*  
Zip  
  
Country

4. Date Incorporated or Qualified To Do Business in Florida *03-26-1993*  
5. FEI Number *59-874517*  
Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name *ROCCO L. SPACCO*  
Street Address (P.O. Box Number is Not Acceptable)  
*1012 HANDBONE CIRCLE #104*  
Suite, Apt. #, Etc. *104*  
City *MELBOURNE* State *FL* Zip Code *32940*

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 *ROCCO L. SPACCO* Date *03-07-04*  
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
<i>Pres</i>	<i>ROCCO L. SPACCO</i>	<i>1012 HANDBONE CIRCLE #104</i>	<i>MELBOURNE FL 32940</i>

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *ROCCO L. SPACCO* Date *03-07-04* Daytime Phone # *321-242-8200*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)



March 7, 2004 4501 N. Wickham Road, Suite 104 • Melbourne, Florida 32935  
Office: (321) 242-8200 • Fax: (321) 242-8576

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Sunpoint Asset Managers, Inc. FEI# 59-3174517  
Document#P93000022854

Gentlemen:

I am providing this letter to let you know that we did not receive a filing notice for the year 2003 and it just came to our attention that we have become administratively dissolved.

I am remitting a check for years 2003 and 2004 for \$300.00 to reinstate our corporation.

Thanking you in advance for your consideration.

Sincerely,

Rocco L. Spaccio  
President