

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 JAN -4 AM 11:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030953**

1. Corporation Name

**SUNNY ACRES FARM, INC.**

Principal Place of Business

Mailing Address

4751 S.E. 216TH AVE  
 MORRISTON FL 32668  
 US

POST OFFICE BOX 368  
 MORRISTON FL 32668-0368

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT** 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/28/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3184381	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	LUNDY, ROBERT A	4751 S.E. 216TH AVE	MORRISTON FL 32668
PD	MCGEE, SUSAN B	4751 S.E. 216TH AVE	MORRISTON FL 32668
			000002737120--2 -01/11/99--01133--021 ****750.00 ****750.00
			87 115

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGEE, SUSAN B  
 4751 S.E. 216TH AVE  
 MORRISTON FL 32668

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Susan B. McGee Date: 12/30/98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: Susan B. McGee Date: 12/30/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)