

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 10F3

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 AM 11:44

DOCUMENT # P93000087408

1. Corporation Name

SUN TOY OF FLORIDA, INC.

2. Principal Office Address

1499 S. Harbor City Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Melbourne, Florida

Zip

32901

Country

USA

3. Mailing Office Address

1499 S. Harbor City Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Melbourne, Florida

Zip

32901

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/93

5. FEI Number

59-3221793

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

HUBERT C. NORMILE, JR.

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

1499 S. Harbor City Blvd. Suite 201

Suite, Apt. #, Etc.

City

Melbourne

300004212299-5

05/11/01-01098-017

\*\*\*1050.00 \*\*\*1050.00

See Attached

State  
FL

Zip Code  
32901

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

REGISTERED AGENT MUST SIGN

Date

3/6/01

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

P/S/T/D JAN. STIERNELOF

1499 S. Harbor City Blvd, Ste 201 Melbourne, FL 32901

DR519

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jan Stiernelof, President

Date

(321) 799-0799

Daytime Phone #

CR2E081 (9/00)

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

TO: The Department of State  
Tallahassee, Florida 32304

Pursuant to the provisions of Section 607.0502, Florida Statutes (1993), the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

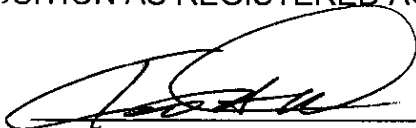
- (1) The name of the corporation is: **SUN TOY OF FLORIDA, INC.**
- (2) The address of its present registered agent and office is: **Hubert C. Normile, Jr., 1499 S. Harbor City Blvd. Suite 303, Melbourne, Florida 32901.**
- (3) The name and address of the **new** registered agent and office is: **Kenneth A. Whittaker, CPA, 1692 W. Hibiscus Boulevard, Melbourne, Florida 32901.**
- (4) The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- (5) Such change was authorized by resolution duly adopted by its board of directors.
- (6) The consent of the registered agent is set forth hereinbelow.

SUN TOY OF FLORIDA, INC.

By: \_\_\_\_\_

  
Jan Stiernef, President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
Signature of Registered Agent

Date: 3/6/01