

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

~~05-00001192~~

FILED

05 MAY -4 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 930000 87408

**1. Corporation Name**

Sun Toy of Florida, Inc.

**2. Principal Office Address**  
1322 Vestavia Circle

**3. Mailing Office Address**  
c/o C. Melia, 1007 Rockledge Dr.

Suite, Apt. #, Etc.

Suite, Apt. #, etc.

City & State  
Melbourne, FL

City & State  
Rockledge, FL

Zip  
32940

Country  
U.S.A.

Zip  
32955

Country  
U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/21/93

**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  
Jan Stiernef

Street Address (P.O. Box Number is Not Acceptable)  
1322 Vestavia Circle

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

3/24-05

**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
PD	Jan Stiernef	1322 Vestavia Circle	Melbourne, FL 32940

**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:

Jan Stiernef

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24-05

CR2E081 (01/05)