

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 3 PM 2:04

DOCUMENT # 994000030709

1. Corporation Name

FLORIDA SUN CONSTRUCTORS, INC.

2. Principal Office Address

1930 HOBSON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 846

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

SEMINOLE

City & State

ALTAMONTE SPRINGS, FL

Zip

32715

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/1994

5. FEI Number

59-3247411

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

TATTERSALL, PETER

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

333 N. PEACREEK AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803-5499

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/21/03

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
<u>PRESIDENT</u>	<u>DONALD A. WISEMAN</u>	<u>1930 HOBSON ST</u>	<u>LONGWOOD FL 32750</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Date

407-947-9534

Daytime Phone #

CR2E001 (10/02)

To: Florida Dept of State - Division of Corporations

From : Florida Sun Constructors, Inc.
P.O. Box 846
Altamonte Springs, Fl. 32715
Donald A. Wiseman

Document # P94000030708

To Whom It May Concern:

I did not receive my 2003 uniform business report form. I am a small business contractor, with no employees, where as I do all my own bookkeeping, job supervising, estimating, etc. my self. I always file my business report my self. I have no one to do things for me. I went to borrow some money from my bank and they replied that my corporation was dissolved. I called the business bureau at (850) 245-6059 and got a recording to write a letter of explanation and a form from www.sunbiz.org. Please except this letter of explanation and my check of \$150.00. Please reinstate my corporation for I can't afford to be out of business. I thank you for helping me in this matter.

Thank You

Date



10/28/03

Donald A. Wiseman