

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039084**

1. Corporation Name

SUNSET ENTERPRISES, INC.

Principal Place of Business

4825 W MILEY RD
PLANT CITY FL 33565
US

Mailing Address

4825 W MILEY RD
PLANT CITY FL 33565
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3241594

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HOLLINGSWORTH, SCOT A	4825 W MILEY ROAD	PLANT CITY FL 33565
DST	HOLLINGSWORTH, ALICIA M	4825 W MILEY ROAD	PLANT CITY FL 33565

200023853652
10/16/03--01038--020 **150.00

8. Name and Address of Current Registered Agent

HOLLINGSWORTH, SCOT A
4825 W MILEY ROAD
PLANT CITY FL 33565

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Scot Hollingsworth
REGISTERED AGENT MUST SIGN

Date

10/10/2003

11. 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

Date

Daytime Phone #

10/10/2003 813-716-2606

CR2E040 (7/03)

October 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document # P94000039084
Corporation Name: Sunset Enterprises, Inc.
FEI Number 59-3241594

To Whom It May Concern:

Please be advised that our company never received the Uniform Business Report Notices sent out to keep our company, Sunset Enterprises, Inc., in an active status with the Department of State.

Attached, please find the Application for Reinstatement with the Florida Department of State and a check in the amount of \$150.00 for the filing fee.

Should there be any questions, problems or additional information, please contact Sunset Enterprises, Inc. and we will be glad to assist you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Scot Hollingsworth", with a stylized flourish at the end.

Scot Hollingsworth
Registered Agent of Sunset Enterprises, Inc.
Director and President of Sunset Enterprises, Inc.

Enc.: Application for Reinstatement
Check for \$150.00