

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 JAN 24 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P94000056472**

1. Corporation Name

**SUN-J OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

12701 SW 68TH LANE  
MIAMI FL 33183

12701 SW 68TH LANE  
MIAMI FL 33183

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

2. New Principal Office Address, If Applicable

8427 NW 61 ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33160

DADE

REINSTATEMENT

9600

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1994

5. FEI Number

65-0507844

Applied For

Not Applicable

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)

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
P	ALLEN, SALLY	12701 SW 68TH LN.	MIAMI FL

300002070419--4  
-01/28/97--01093--005  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, SALLY L  
12701 SW 68TH LANE  
MIAMI FL 33183

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.

Signature of  
Registered Agent

*Sally Allen*

REGISTERED AGENT MUST SIGN

Date

1-20-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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

*Sally Allen* SALLY L ALLEN

1-20-97

Date

305-385-4944

Daytime Phone #

CRS040 (7/96)