

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 12701 SW 68TH LANE MIAMI FL 33183	Mailing Address 12701 SW 68TH LANE MIAMI FL 33183
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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	4. Date Incorporated or Qualified To Do Business in Florida 08/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0507844
City & State Miami FL	City & State	Applied For <input type="checkbox"/>
Zip 33160	Country DADE	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 9600



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

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* Date: **1-20-97**

REGISTERED AGENT MUST SIGN

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: *Sally Allen* **SALLY L ALLEN** 1-20-97 305-385-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRSE040 (7/96)