

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV -7 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062611**

1. Corporation Name

SUN PHOTO LABS, INC.

Principal Place of Business

Mailing Address

UNIT B-10, COASTLAND CENTER MALL
1900 9TH STREET NORTH
NAPLES FL 33940

UNIT B-10, COASTLAND CENTER MALL
1900 9TH STREET NORTH
NAPLES FL 33940

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

Suite, Apt. #, etc.

2074 9th St. North

Suite, Apt. #, etc.

2074 9th St. North

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

COLORED

Zip

34102

Country

COLORED

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4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1994

5. FEI Number

65-0515471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	TRUDEAU, KENNETH	4-B-10 COASTLAND CTR. MALL, 1900	NAPLES FL 33940
		2074 9th St. North COASTLAND CTR	NAPLES FL 34102
			400001999924--8 -11/08/96--01019--014 ***375.00 ***375.00
			12/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUDEAU, KENNETH
UNIT B-10, COASTLAND CENTER MALL
1900 9TH STREET NORTH
NAPLES FL 33940

Name

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

COASTLAND CTR.

Suite, Apt. #, Etc.

2074 9th St. North

City

NAPLES

State

FL

Zip Code

34102

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

Signature Required
REGISTERED AGENT MUST SIGN

Date 9/17/96

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)(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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96

Date

94-262-1155

Daytime Phone #