

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546400007889

1. Corporation Name

SUN CONSOLIDATED GLOBAL SECURITIES, INC.

PA500002803X

Principal Place of Business

4901 NW 17th Way #405
FT. LAUDERDALE, FL 33309

Mailing Address

4901 NW 17th Way #405
FT. LAUDERDALE, FL 33309

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

4901 NW 17th Way #1

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#405

City & State

FT. LAUDERDALE FL

City & State

Zip

33309

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 7, 1995

5. FEI Number

65-0714288

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
SEC. DIR.	Don A. PARADISO	5874 DEERFIELD PLACE	LAKE WORTH, FL 33463

900002045339--6
-01703797-01134-014
****383.75 ****383.75

SBP-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Don A. PARADISO

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

5874 DEERFIELD PLACE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

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

Don A. Paradiso
REGISTERED AGENT MUST SIGN

Date DEC. 29, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Don A. PARADISO DEC. 29, 1996 561 968-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (12/95)