


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033105**

1. Corporation Name

**SUN SPECIALTIES & PROMOTIONS, INC.**

Principal Place of Business

Mailing Address

**4360 POINT COURT  
PORT CHARLOTTE FL 33948**

**4360 POINT COURT  
PORT CHARLOTTE FL 33948**

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.

Suite, Apt. #, etc.

**779 Tamiami Trail, #6  
Pt. Charlotte, FL 33953**

City & State

Zip

Zip

Country

Country

**33953 Charlotte**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/26/1995**

5. FEI Number

**65-0585742**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>BITNER, DAVID I</del>	<del>4360 POINT COURT</del>	<del>PORT CHARLOTTE FL 33948</del>
<del>D</del>	<del>BITNER, WENDY M</del>	<del>4360 POINT COURT</del>	<del>PORT CHARLOTTE FL 33948</del>
P	Shelli Hazeltine	779 Tamiami Tr, #6	Port Charlotte, FL 33953
V	John Hazeltine	779 Tamiami Tr, #6	Port Charlotte, FL 33953

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MCKINLEY, MICHAEL R  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/24/01**

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:

**SHELLI HAZELTINE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/23/01**

Daytime Phone #

**941-625-4256**

# Sun Specialties & Promotions

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October 23, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Sun Specialties & Promotions, Inc. - Document #P95000033105

To Whom It May Concern:

I purchased Sun Specialties & Promotions, Inc. on January 2<sup>nd</sup> of this year, and just received a Notification of Dissolution or Revocation of my corporation from the original owners. This is the first piece of paperwork that I have received pertaining to renewal of my corporation with the state.

Per my conversation with a representative in your office, I am enclosing a check for \$150.00, as well as application for reinstatement.

Thank you!

Sincerely,

*Shelli Hazeltine*  
Shelli Hazeltine