

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000050794**

1. Corporation Name

**SUNHOPPER, INCORPORATED**

Principal Place of Business

**2845 STATE ROAD 520  
SUITE 106  
COCOA FL 32926**

Mailing Address

**2845 STATE ROAD 520  
SUITE 106  
COCOA FL 32926**

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

2. New Principal Office Address, If Applicable

**2650 ROWENA DR.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**PO Box 541537**  
Suite, Apt. #, etc.  
**MERRITT ISLAND, FL**  
City & State  
**32954-1537**  
Zip  
**USA**  
Country

**PALM BAY FL**  
City & State  
**32906**  
Zip  
**USA**  
Country

**REINSTATEMENT 97-99**

4. Date Incorporated or Qualified To Do Business in Florida

**06/29/1995**

5. FEI Number

**95-3990111**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<b>PCEO</b>	<b>FITE, DOREEN L.</b>	<b>15 BOGART PLACE 1030 Revilla Lane</b>	<b>MERRITT ISLAND FL 32954 ROCKLEDGE FL 32955</b>

**800002885128--7  
-05/25/99--01029--016  
\*\*\*1050.00 \*\*\*1050.00**

8. Name and Address of Current Registered Agent

**FITE, DOREEN L  
2845 STATE ROAD 520  
SUITE 106  
COCOA FL 32926**

9. Name and Address of New Registered Agent

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

**REGISTERED AGENT MUST SIGN**

Date

**4-30-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOREEN FITE**

Date

Daytime Phone #

**4-30-99 (800) 537-4530**