

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

FILED
 99 MAY -7 PM 12:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2845 STATE ROAD 520 ~~2845 STATE ROAD 520~~
SUITE 106 ~~SUITE 106~~
COCOA FL 32926 ~~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
 Suite, Apt. #, etc. **PO Box 541537**

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

City & State **MERRITT ISLAND, FL**
 Zip **32954-1537** Country **USA**

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)

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
PCEO	FITE, DOREEN L.	15 BOGART PLACE 1030 Revilla Lane	MERRITT ISLAND FL 32954 ROCKLEDGE FL 32955

*****2885128--7
 -05/25/99--01029--016
 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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]*
 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]* **DOREEN FITE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-99** (800) **537-4530**
 Daytime Phone #

CR2E040 (8/97)