

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 11:01

DOCUMENT # P95000090492

1. Corporation Name

SUN & SHIELD INC.

2. Principal Office Address

10351 WESTSIDE LANE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

3. Mailing Office Address

10351 WESTSIDE LANE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

REINSTATEMENT 96-05

4. Date Incorporated or Qualified To Do Business in Florida

11/27/1995

5. FEI Number

65-0633157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL D. DUNAWAY SR

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

10351 WESTSIDE LANE

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Paul D. Dunaway Sr.
REGISTERED AGENT MUST SIGN

Date

7/19/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	PAUL D. DUNAWAY	10351 WESTSIDE LANE	BONITA SPRINGS, FL 34135
TREAS.	FAREN G. DUNAWAY	10351 WESTSIDE LANE	BONITA SPRINGS, FL 34135

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10. 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:

Paul D. Dunaway Sr. Pres. Paul D. Dunaway sr. 7/19/05 (239) 947-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E091 (01/05)