Dec-12-97 10:55A P.01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~ 97 APR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: *Department of State*

DO NOT WRITE IN THIS SPACE

FILED

97 DEC 15 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Name and Mailing Address of Corporation DOCUMENT # P96000002224

SUNSET PIZZA INC
C/O CHRIS SCHULTZ
PO BOX 510708
KEY COLONY BCH FL 33051

2 If Address in Block #1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3 If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4 Date Incorporated or Qualified To Do Business in Florida	5 FEI Number	FEI Number Applied For	6 $8.75 Additional Fee required for a Certificate of Status
1/2/96	59-3356251	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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 Number(s))	4 City / State / Zip
D	CHRIS SCHULTZ	201 E. OCEAN DR 1-112 KeyColony Bch, FL 33051	KEY COLONY BCH FL 33051
D	ROBERT FIORENZI	4675 FIRWOOD AVE	PLYMOUTH MI 48170

800002375958--4
-12/17/97--01120--004
****165.00 ****165.00

51

12-17-97

REGISTERED AGENT INFORMATION

8 Name and Address of Current Registered Agent

CHRIS SCHULTZ
201 E OCEAN DR #1-112
KEY COLONY BCH FL 33051

9 If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State FL Zip

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

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13 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 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 of Officer or Director CHRIS SCHULTZ Date 12 12 97 Daytime Phone # 305 743 6586

Typed or printed name of signing officer or director CHRIS SCHULTZ

(2)

December 13, 1997

Dept. of State
Division of Corporations
407 East Gaines St.
Tallahassee, FL 32399

RE: Sunset Pizza Inc.
Document #P96000002224

Dear Sirs/Madam,

As per my conversation with your office, I am enclosing an application for reinstatement for the above referenced corporation. The original corporate annual report was never received as it was sent to an old address. Therefore I am enclosing a check for $165.00. I appreciate your understanding in this matter.

I am express mailing this application with the hopes that this application can be expedited. We discovered that the corporation had become inactive through our loan application with a local bank. Because this matter is holding up our loan application, I sincerely hope this matter can be expedited.

Very truly yours,

Chris Schultz
Sunset Pizza, Inc.