

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<hr/>		
DOCUMENT # P97000034985		
1. Corporation Name		
SUN-SHARP SUPPLY EAST, INC.		

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

Principal Place of Business 725 WEST SMITH ST ORLANDO FL 32801	Mailing Address 725 WEST SMITH ST ORLANDO FL 32801
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable <u>6367 N. Orange Blossom Tr.</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <u>Same</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>04/18/1997</u>	
5. FEI Number <u>59-3440109</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROBINSON, RICHARD A SR	725 WEST SMITH ST	ORLANDO FL 32801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name _____

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

Suite, Apt. #, Etc.

City	State	Zip Code
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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

Date 10/17/00

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: *Richard A. Robinson Jr.* **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Richard A. Robinson Jr.* **Date** *January 20, 2004* **Daytime Phone #** *(510) 459-1000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

10/17/00

Anytime Phone #

813/628-0723

5011500