

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 DEC 14 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104412

1. Corporation Name

SUNNY TELECOM, INC.

Principal Place of Business

4122 WELLINGTON WOODS CIRCLE, APT. 201  
KISSIMMEE FL 34741

Mailing Address

4122 WELLINGTON WOODS CIRCLE, APT. 201  
KISSIMMEE FL 34741



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

2. New Principal Office Address, If Applicable

5270 HAWK DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5270 HAWK DR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1997

5. FEI Number

59-3481797

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
D	SAHOTA, HARPAL S	4122 WELLINGTON WOODS CIRCLE, AP	KISSIMMEE FL 34741

800002716918--6  
-12/21/98--01003--006  
\*\*\*\*750.00 \*\*\*\*750.00

AP 12/17

8. Name and Address of Current Registered Agent

SAHOTA, HARPAL S  
4122 WELLINGTON WOODS CIRCLE, APT. 201  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name HARSHAL SANDRA  
Street Address (P.O. Box Number is Not Acceptable)  
5270 HAWK DR  
Suite, Apt. #, Etc.

City KISSIMMEE FL State FL Zip Code 34746

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]* REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(l), 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-996-7266  
Daytime Phone #