## PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS TORM.

DOCUMENT # P98000008409  1. Corporation Name  Sonny's Drive Service, Inc.  2. Principal Office Address 4118 Alpine Road  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Gity & State  Land O'Lakes , Florida  To Designs in Florida 1-27-98  5. FEI Number		RPORATION STATEMENT			)	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			O4 MAR 18 AM 8: 27  SECRETARY OF STATE TALL AHASSTE, FLORIDA					
2. Principal Office Address  3. Mailing Office Address  4. Date Composed of Country  3. Suite, Apt. #, etc.  4. Date Corporated or Dutilified To 0.0 Business in Finding 1—27—98  5. FE INTERIOR  1—27—98  5. FE INTERIOR  1—27—98  5. FE INTERIOR  1—27—98  5. FE INTERIOR  5. FE INTERIOR  5. FE INTERIOR  5. FE INTERIOR  7. Name and Address of Current Registered Agent  Name  Elatine D. Northrup  Street Address (P.O. Box Number is Not Acceptable)  4.118 Alipine Road  Suite, Apt. #, Etc.  City  Land O'Lakes  5. Interior Supported the registered agent of the above named corporation, an familiar with and accept the obligations of section 697.0505 or 617.0503. F.S.  Signature of Registered Agent  FL 34639  5. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit operations must list at least 3 directors)  7. Name of Officers and/or Directors  6. Name of Officers and/or Directors  7. Name of Officers and/or Directors  6. Street Addresses of Each Officer and/or Director (Florida nonprofit operations must list at least 3 directors)  7. Name of Officers and/or Directors  8. Street Addresses of Each Officer and/or Directors  8. Street Addresses of Each Officer and/or Directors  9. Name of Officers and/or Directors  1. Street Addresses of Each Officer and/or Directors  1.			# 1	P98000008	409					1. Emf 1	19 Jan (1997)	- CANDA	j.	
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 1 = 27 = 98  5. FEI Number	2. Principa	al Office Addres	ss		3. Mailing	3. Mailing Office Address								
Suite, Apt. #, etc.  Suite, Ap	·				•				7		ant:	2252	: 7	
City & State Land O Lakes , Florida  To Just  To					Suite, Apt. #, etc.				03/18/0401033024 **1208 75  4. Date Incorporated or Qualified					
State   Country   State   Co	City & State	)			City & State				<u> </u>					┨
The second process of the second section (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Certificate of Status Desired  7. Name and Address of Current Registered Agent  Registered Agent  Elaine D. Northrup  Street Address (P.O. 50x Number is Not Acceptable)  4118 Alpine Road  Suite, Apt. #, Etc.  City  Land O'Lakes  FL  34639  8. 1, being appointed the registered agent of the above named corporation, em familier with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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  Officer and/or Director  Officer and/or Director  City / State / Zip  10. Leatily that I am an officer or director or the receiver or huste empowered to execute this application as provided for in chapter 607 or 617, F.S. Luther 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 agrounds, and my signature shall have the same legal effect as if made under cath.				7:-									1	
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Elaine D. Northrup  Street Address (P.O. Box Number is Not Acceptable) 4118 Alpine Road  Suite, Apt. #. Etc.  City  Land O'Lakes  State FL					7.	Name and A	Address of Curr	ent Register	ed Agent					-
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daytime Phone #	this rela owed b on this	instatement apply the corporate application is	plication ion have true and	n, the reason for die been paid and th Laccurate, and my	ssolution has be names of ind	een eliminated lividuals listed of Il have the sam	I, the corporate in this form do not this form do not legal effect as	ame satisfies ot qualify for if made unde	the requirement an exemption un	s of section der section	607.0401 or 119.07(3)(i), l	617.0401, F.S F.S. The inform	., that all fees nation indicated	