

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 JAN 11 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P 98000027123

**1. Corporation Name**

SUN INTERNET, INC.

600003576926--8

-01/26/01--01071--013

\*\*\*\*308.75 \*\*\*\*308.75

**2. Principal Office Address**

1100 SAWGRASS VILLAGE DR

Suite, Apt. #, etc.

SUITE 201-G

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

U.S.A.

**3. Mailing Office Address**

1100 SAWGRASS VILLAGE DR

Suite, Apt. #, etc.

SUITE 201-G

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

U.S.A.

**REINSTATEMENT**

00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/23/1998

**5. FEI Number**

59-3505934

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

DAVID FISCHER

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

18 MULBERRY STREET

Suite, Apt. #, Etc.

City

ST AUGUSTINE, FL.

State

FL

Zip Code

32084

**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

*[Signature]*

Date JAN 2, 2001

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	Street Address of Each Officer and/or Director	City / State / Zip
T	CHRIS JORDAN	190 VERA CRUZ DR	PONTE VEDRA BCH, FL
			32082
P.S.	<del>DAVID FISCHER</del>	<del>18 MULBERRY STREET</del>	<del>ST. AUGUSTINE, FL 32084</del>
			LS

**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:**

CHRIS JORDAN

*[Signature]*

JAN 2, 2001 904/280-8861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #