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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035950

1. Corporation Name
REINSUN INC.

Principal Place of Business	Mailing Address
106 EAST COLLEGE AVE STE 1200 TALLAHASSEE FL 32301	106 EAST COLLEGE AVE STE 1200 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1998

2. Principal Place of Business	2a. Mailing Address
21 20977 US Hwy 76	26 20977 US Hwy 76
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Newberry S.C.	City & State 28 Newberry S.C.
Zip 24 29108 Country 25 USA	Zip 29 29108 Country 30 USA

4. FEI Number: 58-2440226 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURKE, NANCY M
106 EAST COLLEGE AVE
STE 1200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: GARY TIMIN
82 Street Address (P.O. Box Number is Not Acceptable): 106 EAST COLLEGE AVE
83: SUITE 1200
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ GARY P. TIMIN 5/12/99
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	SHEALY, WALTER D III	1.2 NAME	SHEALY, WALTER D. III
STREET ADDRESS	1200 LINCOLN ROAD	1.3 STREET ADDRESS	20977 US Hwy 76
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Newberry, SC 29108
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KROEFF, PAULO S	2.2 NAME	
STREET ADDRESS	10 FAIRWAY DR, STE 123	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter D. Shealy III 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER D. SHEALY III