

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -1 PM 2:12

DOCUMENT # P98000037213

1. Corporation Name

SUN CARE AL, INC.

REINSTATEMENT 63-04

2. Principal Office Address

1130 7th Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

VERO BEACH FL

City & State

Zip

32960

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1998

5. FEI Number

65-0829864

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

PATRICIA ZAMBELLI

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

940 CRESCENT BEACH RD

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

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]

REGISTERED AGENT MUST SIGN

Date 8/31/04

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
<u>PVD</u>	<u>PATRICIA ZAMBELLI</u>	<u>940 CRESCENT BEACH RD</u>	<u>VERO BEACH, FL 32960</u>

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04  
Date

782 559-1256  
Daytime Phone #

CP2E081 (01/04)