PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P8 1 of 2

~~CORPORATION~~ ~~REINSTATEMENT~~

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

99-00AR

FILED
00 MAY -9 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # P98000042540

1. Corporation Name
FLORIDA SUN REDEVELOPMENT INC

2. Principal Office Address	**3.** Mailing Office Address
3608 SW 58 AVE	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State
Zip: 33023 Country: BRWD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/8/98

5. FEI Number: 65-0889430 ☐ 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: William C. McCarthy

Street Address (P.O. Box Number is Not Acceptable): 3608 S.W. 58 AVE.

Suite, Apt. #, Etc.:

City: Hollywood State: FL Zip Code: 33023-6131

800003251018--4
-05/12/00--01104--002
****150.00 ****150.00

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: William C McCarthy Date: 4/26/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P D	William C McCarthy	3608 SW 58 Ave	Hlwd FL 33023
			800003251018--4 -05/12/00--01104--002 ****150.00 ****150.00
			800003251018--4 -05/12/00--01104--003 ****150.00 ****150.00

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: William C McCarthy 4/12/00 954-981-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO WHOM IT MAY CONCERN,

IN 1998 I GAVE the ADDRESS of A Friends office in FT. Lauderdale Fl. AS my MAILING Address, SINCE I KNEW I would BE CHANGING my LOCATION FREQUENTLY.
The LADY that OWNS that office WAS VERY NICE, But Her Help MAY NOT have KNOWN of my MAILING ARRANGEMENT with that OFFICE.

I never recieved any paperwork from your office. I do not know alot About these things But Im LEARNING FAST.
My new ACCOUNTANT is trying to Help me STRAITEN up my records and told me to write this explanation Letter and send it with these forms + monies. - moneys?

I Apologize for my Left Handed Horrible Hand writing + spelling !!

Your help will be greatly Appreciated.

Sincerely,

William McCarthy

4/13/00