

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

pg 1 of 1

APPLICATION
FOR
REINSTATEMENT



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

00 OCT 26 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052234

1. Corporation Name

SUNNY HOMES, INC.

Principal Place of Business

Mailing Address

128 PRIMROSE DRIVE
LONGWOOD FL 32779

128 PRIMROSE DRIVE
LONGWOOD FL 32779



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7045 HORIZON CIRCLE
Suite, Apt. #, etc.

7045 HORIZON CIRCLE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1998

City & State

City & State

WINDERMERE FL

WINDERMERE FL

Zip

Country

Zip

Country

34786

USA

34786

USA

5. FEI Number

59-3521493

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MAGARIAN, JANICE L	128 PRIMROSE DRIVE	LONGWOOD FL 32779
VD	LAZARUS, ROBERT H	128 PRIMROSE DRIVE	LONGWOOD FL 32779
			200003463562--1 -11/15/00--01009--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #

(407)
923-8863

Rezeal

SUNNY HOMES, INC.
P.O. BOX 782
WINDERMERE, FL 34786-0782
(407) 876-0601 PHONE
(407) 876-5661 FAX
(407) 925-8563 CELL

Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, FL 32399-0135

Dear Sir or Ma'am:

I am writing in regards to the notice of administrative dissolution or revocation that I received. We had not received the original notice due to our company moving our offices. We then received the late notice and that the new amount was now going to be higher due to the late fee. I spoke to a representative of your office and was instructed to mail a letter explaining what had happened and enclose a check for the original \$150 fee. We sent the letter and check and assumed everything was taken care of until we received this recent notice. I am enclosing a check for the original \$150 and hope that this will resolve the matter. Please note our address change for your records and Please call me at the above number if there is any questions or anything else that you need us to do to resolve this issue.

Sincerely,



Janice Magarian
Sunny Homes, Inc.