PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM STATE SECRETARY OF STATE OF

04 OCT 22 AM 8: 29

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9900012425

1. Corporation Name

C & K Sun Properties, Inc.

2. Principal Office 8122 Sev	Address Ven Mile Drive	3. Mailing Office Addres	REINSTATEMENT 00 0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida - 02/-05/-99		
City & State Ponte Védrah Beach, FL		St. Louis, MO		5. FEI Number 36-4276767	Applied For Not Applicable	
^{Zip} 32082	Country USA	Zip 63123	Country USA	GERTIFICATE OF STATUS DESIRED XX	Additional Fee required a Certificate of Status	

	USA	63123	USA	- OEITH	TIONIE OF STATE	OO DECINED	for a Certificate
		7. N	ame and Address of	Current Registered Agent			,
Name CTC	Corporat	ion System					
		mber is Not Acceptable)					1
120	0 South	Pine Islan	d Road				
Suite, Apt.	#, Etc.						
	•						
City Phan	tationo	Beach			State FL	Zip Code 33324	

Signature of Registered Agent 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 Officer and for Director Officer and for Director City / State / Zip						
	Officers and/or Directors	Officer and/or Director				
ene P	Richard V. Wagner, Jr.	1720 Manning	St. Louis, -MO-63123			

Jeffery A. Mentel Jeffery A. Mentel 1739 Topping St. Louis, MO 63131 S 10/22/04--01040--003

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 filling 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:

STATUTE AND TYPED OR MINTEDNAME OF SIGNING OFFICER OR DIRECTOR

34-843-1859

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