

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 OCT 18 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026709

1. Corporation Name

PLANET SUN, INC.

Principal Place of Business

1715 S FEDERAL HWY  
DELRAY BEACH FL 33483

Mailing Address

1715 S FEDERAL HWY  
DELRAY BEACH FL 33483



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

1134 E. ATLANTIC AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
1134 E ATLANTIC AVE  
City & State  
DELRAY BCH, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1999

5. FEI Number

65-0963151

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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	BERGIDA, RICHARD	1715 S FEDERAL HWY	DELRAY BEACH FL 33483

9000004658159--2

-10/29/01--01102--024

\*\*\*\*758.75 \*\*\*\*758.75

LS

8. Name and Address of Current Registered Agent

BERGIDA, RICHARD  
1715 S. FED. HWY.  
DELRAY BEACH FL 33483

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

*Richard Bergida*  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-  
10/16/01 330-7077

CR2040 (8/01)