

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 JUL 26 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS
W 05050033050

DOCUMENT # 899 000038719

1. Corporation Name **SUN CHEM, INC.**

2. Principal Office Address

7560 BLACK OLIVE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

7560 BLACK OLIVE WAY

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip
33321

Country

BROWARD

City & State

TAMARAC, FL

Zip
33321

Country

BROWARD

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida **4/28/99**

5. FEI Number
65-0969383

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

JOSEE GHASSED

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

7560 BLACK OLIVE WAY

Suite, Apt. #, Etc.

City

TAMARAC, FL 33321

State
FL

Zip Code
33321

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 **6/22/05**

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	JOSEE GHASSED	7560 BLACK OLIVE WAY	TAMARAC, FL 33321

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] JOSEE GHASSED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/05

Date

954-720-9837

Daytime Phone #

CR2ED01 (01/05)