

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:56

DOCUMENT # P99000088683

1. Corporation Name

SUNDIALS UNLIMITED, INC.

Principal Place of Business

Mailing Address

12203 WILDBROOK DRIVE
RIVERVIEW FL 33569

12203 WILDBROOK DRIVE
RIVERVIEW FL 33569



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
11641 Boyette Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida
10/04/1999

City & State
Riverview FL
Zip
33569
Country
USA

City & State
Zip
Country

5. FEI Number
59-3595984
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Debra Raffaele	12203 Wildbrook Dr.	Riverview FL 33569
			400003514674-1 -12/27/00-01071-019 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

RAFFAELE, DEBRA
12203 WILDBROOK DRIVE
RIVERVIEW FL 33569

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
Debra L. Raffaele
REGISTERED AGENT MUST SIGN

Date
12/19/00

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:

Debra L. Raffaele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/00
Date
813 672-4488
Daytime Phone #