

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # S79277

1. Corporation Name

SUNUNU MANAGEMENT, INC.
807 George Bush Blvd.
Delray Beach, FL 33483

2. Principal Office Address

807 George Bush Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 1991

5. FEI Number

65-0286856

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

Charles V. Sununu

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

807 George Bush Blvd.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

7/10/02

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
D	Charles V. Sununu	807 George Bush Blvd	Delray, Beach, FL 33483

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

Date

561-276-9442

Daytime Phone #

CR2E081 (9/01)

Sununu Management, Inc.



807 George Bush Blvd., Delray Beach, FL 33483
(561) 276-9442 Fax (561) 276-9436


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 10, 2002

To Whom It May Concern:

I had relocated my office in the fall of 2000. Due to health reasons that prevented me from working that much, I no longer had a fulltime secretary. Recently I have retained a part time bookkeeper who discovered that I never received the Uniform Business Report (UBR) for neither 2001 nor 2002. We have filled out the attached Corporate Reinstatement form that was sent to us and you'll find attached a check in the amount of \$300.00 that covers the two years filing fee. At this time I ask you to waive the \$600.00 reinstatement fee due to the circumstances. Thank you!

Respectfully,



Charles V. Sununu
President