

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 DEC -4 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
40000836  
11/13/02--01060--017 \*\*750.00

DOCUMENT # **V08053**

1. Corporation Name

**SUN-SHARP SUPPLY, INC.**

Principal Place of Business

9605 E HILLSBOROUGH  
TAMPA FL 33610  
US

Mailing Address

9605 E HILLSBOROUGH  
TAMPA FL 33610  
US

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

2. New Principal Office Address, If Applicable

6367 N. Orange Blossom Trail  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Orlando, FL.

Zip

32810

Country

USA

REINSTATEMENT

Date Incorporated or Qualified  
To Do Business in Florida

02/01/1992

5. FEI Number

59-3102123

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
PD	<del>ROBINSON, RICHARD A SR</del>	<del>12616 4TH ISLE</del>	<del>HUDSON FL 34667</del>
	Cintron, John B. President	1024 Moccasin Run Rd.	Oviedo, FL 32765
	Cintron, Cindy L. Sec. of Treasurer	1024 Moccasin Run Rd.	Oviedo, FL 32765

8. Name and Address of Current Registered Agent

ROBINSON SR, RICHARD A.  
12616 4TH ISLE  
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name

John B. Cintron

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

1024 Moccasin Run Rd.

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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. or 617.0505, F.S.

Signature of  
Registered Agent

John B. Cintron  
REGISTERED AGENT MUST SIGN

Date

11-6-02

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:

John B. Cintron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-02

CR2E040 (8/02)