

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



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

FILED
 02 NOV -5 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F82656**

1. Corporation Name
SUNSHINE PLUMBING OF SARASOTA, INC.

Principal Place of Business	Mailing Address
16373 WINBORN DR. 16321 WINBURN DRIVE SARASOTA FL 34240 US	16373 WINBORN DR. 16321 WINBURN DRIVE SARASOTA FL 34240 US



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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	05/25/1982
Suite, Apt. #, etc. <i>16373 Winburn Dr</i>	Suite, Apt. #, etc. <i>16373 Winburn Dr</i>	5. FEI Number	59-2325031
City & State <i>SARASOTA FL</i>	City & State <i>SARASOTA FL</i>	Applied For	<input type="checkbox"/> Not Applicable
Zip <i>34240</i> Country <i>US</i>	Zip <i>34240</i> Country <i>US</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	JOHNSON, DAVID A	16373 WINBURN DR.	SARASOTA, FL 00000

300008799883
 11/05/02 01029 883 **150.00

02 URB 78

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHNSON, DAVID 16321 WINBURN DRIVE SARASOTA FL 34240	Name <i>JOHNSON DAVID</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>16373 Winburn Dr</i>
	Suite, Apt. #, Etc.
	City <i>SARASOTA</i> State FL Zip Code 34240

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 *DAVID A JOHNSON* **SIGNATURE REQUIRED** Date *10/28/02*
 REGISTERED AGENT MUST SIGN

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.

DAVID A JOHNSON
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *10/28/02* 941-322-1821
 Daytime Phone #

CR2E040 (8/02)

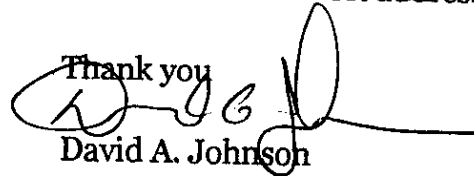
Amel

10/28/02

Florida Dept. Of State
RE: application for reinstatement
Sunshine Plumbing of Sarasota Inc.

I did not receive either of the two prior UBR notices.
I have enclosed the mailing envelope that the latest notice
came in. Please note that there are two [2] addresses.
16321 Winburn Dr is my former address and the current
address of my ex-wife. If the notices were delivered there,
they would not have been forwarded. The correct address
is 16373 Winburn Dr.

Thank you



David A. Johnson
President

Please find check enclosed