

APPROVED  
AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 MAY -6 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000114907

1. Corporation Name

Sunshine Maintenance of Collier County, Inc.

200075289512  
05/25/06--01049--011 \*\*1200.00

**REINSTATEMENT**  
CR 25087 (12/05)

03-06

2. Principal Office Address 4770 Shinnecock Hills Court		3. Mailing Office Address Same	
Suite, Apt. #, etc. U-202		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34112	Country Collier	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/05/01	
5. FEI Number 65-1157133	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Edward Anchel	
Street Address (P.O. Box Number is Not Acceptable) 7566 Via Grande	
Suite, Apt. #, Etc.	
City Boynton Beach,	State / Zip Code FL 33437

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]* Date: 5/8/06

REGISTERED AGENT MUST SIGN

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/P	Robert Dunn	4770 Shinnecock Hills Ct.	Naples, FL 34112
D/S	Nicholas Haber	6840 Beach Resort Dr #1	Naples, FL 34114

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 contained in Chapter 119, 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: *Robert Dunn* Date: May 9, 2006 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DUNN, Pres

ST1700