

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000015641

1. Entity Name
SUNSHINE BABYSITTING, INC.



Principal Place of Business
P.O. BOX 940814
MAITLAND, FL 32794

Mailing Address
P.O. BOX 940814
MAITLAND, FL 32794

2. Principal Place of Business
831 MAPLE CT

3. Mailing Address
P.O. BOX 1828

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MAITLAND, FL

City & State
ORLANDO, FL

4. FEI Number
51-0449447

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32802

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATCHETT, CHERYL R
831 MAPLE COURT
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

*I did not receive the form in the mail and discovered that this is due.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MATCHETT, CHERYL R
P.O. BOX 94014
MAITLAND, FL 32794 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MATCHETT, CHERYL R
P.O. BOX 1828
ORLANDO, FL 32802 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 APR 15 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092004 *REIN P. CR2E098 (6/04)

REINSTATEMENT 04-05

000052075840
04/26/05-01017-011 ***300.00

Handwritten signature

2/27/05