PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED DOCUMENT #595472 99 NOV 29 PM 12: 41 Sunshine Maids' Sorvice SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 201 180 Drive suite 414 Sunny Isles, FL 33160 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 201 180 Drive Suite Apt F. els 414 20/ 180 Drive Suite, Apt. #, etc. 4/4 11-20-91 5. FEI Number Applied For 65-02.88671 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors

Name of Officers and/or Directors

(Do NOT Use Post Office Box Numbers)

20/ 180 Prive 47/7

Ninos Ka M. Rodriguez Sunny Isles FL 33/60 Title(s) City / State / Zip Orlando Rodriguez 201 180 Dive #414 Sunny Files Fl 33160 Orlando Karel Rodvinuez 2750 NE 187.d Street Aventura, FL 33160 80003064518--0 -12/08/99--01058--001 ****465.00 ****465.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Ninoska M. Rodriguez 201 180 Drive #414 Sunny Isles, FL 33160 ******8.75 ******8.75 State Zip Code 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. Signature of Registered Agent Miniska Rodriguez REGISTERED GENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🛛 No 🗆 Intangible Personal Property Tax due June 30. 12 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 filling 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 cath. SIGNATURE: More Podriques Hinos Ka H. Rodriguez 11/21/99 (305) 935-3302 SIGNATURE AND TYPED OR PRINTED JAME OF BIGNING OFFICER OR DIRECTOR President. Dele Daylime Phone &



SUNSHINE MAIDS' SERVICE CORP

201 180 DRIVE SUITE 414 **SUNNY ISLES, FLORIDA 33160** (305) 935-3302

November 21, 1999

RE: REINSTATEMENT

Department of State Division of Corporations P.O BOX 6327 Tallahassee, Florida 32314

To Whom It May Concern:

It came to my knowledge that my company Sunshine Maids' Service Corp., FEI # 65-0288671, Corp Number: S95472 was dissolved involuntarily because of not filling the Corporation Annual Report. I was advised by one of your representatives to write this letter with the explanation of what had happened. Unfortunately, we moved to a another address and had placed the new forwarding address to the new one, however, due to the expiration of the time the postal service has on forwarding address, the annual report papers did not arrive to our new address and therefore was lost in the mail. Please accept this letter as an explanation of what happened.

I wish to reinstate my company with the appropriate fee of \$465.00 and the reinstatement form, as advised by one of your representatives.

Minoska Rodriguez

President

Enclosure (1)