PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -9 PM 1:20

DOCUMENT # 308585

1. Corporation Name

Sunshine Apartments Inc.

2. Principal Office Address	3. Mailing Office Address
6188-D Pine Tree Lane	← Same as principle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Fl.	City & State
Zip: 33319 Country: USA	Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 8/26/19

5. FEI Number: 591228819 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ron Kay

100075099521
05/23/06--01046--007 **450.00

Street Address (P.O. Box Number is Not Acceptable): 6188-D Pine Tree Lane

Suite, Apt. #, Etc.

City: Tamarac State: FL Zip Code: 33319

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: _____ Date: 5/5/06
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
P/PIS/T	Ron Kay	6188-D Pine Tree Lane	Tamarac, Fl. 33319

REINSTATEMENT 04-06

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: _____ Pres 5/5/06 954-724-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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