


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 398268</b> 1. Entity Name <b>AMERICAN SUNSHINE DEVELOPMENT, INC</b>			
Principal Place of Business <b>2603 GUNN STREET TALLAHASSEE, FL 32310 US</b>		Mailing Address <b>2603 GUNN STREET TALLAHASSEE, FL 32310 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2605 Pottsdamer St.</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee, Fla</b>		City & State <b>Tallahassee, Fla</b>	
Zip <b>32310</b>	Country	Zip <b>32310</b>	Country
6. Name and Address of Current Registered Agent <b>TAYLOR, V.L. 2603 GUNN STREET TALLAHASSEE, FL 32304</b>		7. Name and Address of New Registered Agent <b>William Pittman Jr. 2605 Pottsdamer St. Tallahassee FL 32310</b>	
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: <i>William Pittman Jr.</i> DATE: <b>3/15/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE P NAME MOBLEY, JAMES O. STREET ADDRESS 2408 JIM LEE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PITTMAN, WILLIAM JR STREET ADDRESS 2605 POTSDAMER ST. CITY-ST-ZIP TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME TAYLOR, V. L STREET ADDRESS 2603 GUNN STREET CITY-ST-ZIP TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**FILED**

05 MAR 15 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152005 REIN-P CR2E098 (6/04)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

700048844937  
03/22/05--01016--005 \*\*300.00

*3/15*

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 empowerments.

SIGNATURE: *William Pittman Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #