

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 19 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 492064

1. Corporation Name

SUNSHINE GARDENS OF ORANGE COUNTY, INC.

10139 Clarcona Ocoee Road
P.O. Box 487

2. Principal Office Address

10139 Clarcona Ocoee Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 487

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Ocoee, Florida

Zip

32712

Country

US

Zip

34761-0487

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04/75

5. FEI Number

59-1636217

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

WILLIAM A. MEEHAN

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

10139 Clarcona Ocoee Road

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code
32712

900040330169

08/19/04--01069--002 **1350.00

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

REGISTERED AGENT MUST SIGN

Date 08/19/04

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	WILLIAM A. MEEHAN	10139 Clarcona Ocoee Road	Apopka, Florida 32712
S/T	BILLIE MEEHAN	10139 Clarcona Ocoee Road	Apopka, Florida 32712

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 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 oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/04

Date

(407) 656-0317

Daytime Phone #

CR2E081 (01/04)