

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 DEC 31 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610394

1. Corporation Name

SUNSHINE TRAVEL OF EAST RICHEY SQUARE, INC.

Principal Place of Business

Mailing Address

**500 E. TARPON AVE
TARPON SPRINGS FL**

34689

500 E. TARPON AVE

TARPON SPRINGS FL 34689

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/79

5. FEI Number

59-1886598

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	ZENTMEYER, GEORGINA	90 HIGHLAND AVE #1114	TARPON SPRINGS FL 34689
V/T/D	RUTLEDGE, PATRICIA	74 INNESS DR.	TARPON SPRINGS FL 34689
D	RUTLEDGE, HUGH	74 INNESS DR.	TARPON SPRINGS FL 34689
D	ZENTMEYER, DONALD	15746 SCRIMSHAW	TAMPA FL 33624
			200002391172-8
			-01/06/98--01069--032
			****923.75 ****923.75

8. Name and Address of Current Registered Agent

**ZENTMEYER, GEORGINA
90 HIGHLANDS AVE #1114
TARPON SPRINGS FL 34689**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Georgina Zentmeyer

REGISTERED AGENT MUST SIGN

Date

12/30/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

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 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

Georgina Zentmeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/97

Date

813-937-5155

Daytime Phone #

CR2000 (12-95)