	PLEASE READ	ALLINS	FRUCTION	S BEFORE (COMPLET	ING THIS FORM	 1	
* APPLICATION FLORIDA POR SUPERINSTATEMENT						144 XB (144 XB		
DOCUMENT # 626445 1. Corporation Name SUNSHINE BUILDERS OF ST. LUCIE, INC.					97 NOV 19 AM 8: 36 SECRETARY OF STATE TALLAMASSEE FLORIDA			
409 E. EASY STREET 409 E-6			Address SASY STREET PL-84962					
			ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/18/1979			
Suite, Apt. #, etc. 2413 KIVER Branch Dr. City & State Fort Plence JFL Zip Country Zip		City & State			5. FEI Numbe	59-2000827	Applied For Not Applicable 3.75 Additional Fee required	
34° 7. Names	and Street Addresses of Each Officer and	or Director (Fl			ast 3 directors)	E OF STATUS DESIRED []	for a Certificate of Status	
Title(s)	Name of Officers and/or Directors 2 HERNDON, JO ANN	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4529 S. INDIAN RIVER DR.			City / State / Zip FT PIERCE, FL 00000			
P HERNDON, JAMES F JR			4529 S. INDIAN RIVER DR.			FT PIERCE, FL 00000		
						00002355 -11/20/97- ****165.00		
8. Name and Address of Current Registered Agent Na				Name	9. Name and	Address of New Registered	J Agent	
HERNDON, JAMES F JR 4529 S. INDIAN RIVER DR. FT PIERCE FL 34982				Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, Etc.				
		City			State Zip Code FL			
10. I, belf Signature Registered	g appointed the registered agent of the about Agent James 3	lind	OTATION, AM TAMIliAN OENT MUST SIGN	r with and accept the o	Digations of Sect	Date	97	
	nis corporation owes or hatangible Personal Proper			ear Yes 🗹	No 💯	(See other s	ide for information	

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 eath.

SIGNATURE: .

SIGNAURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-97

(561) 465-8645 Daytime Phone #

Sunshine Builders of St. Lucie, Inc.

2413 River Branch Drive, Fort Pierce, Fl 34981 1(561)465-8645

November 17, 1997

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

Re: 1997 Annual Report

To Whom It May Concern:

As per my telephone conversation today with Bonnie, I am writing a letter of explanation regarding the late date of our annual report.

We had a change of address for the corporation to 2413 River Branch Drive, Fort Pierce, FL 34981, and we applied for a change of address with the post office. However, we never received the first annual report packet, and just received the 2nd annual report packet, together with the notice of revocation this month.

As per Bonnie's instructions, I am enclosing the application for reinstatement, along with a check for \$165.00.

If I can be of further assistance in this regard, please do not hesitate to contact me.

Sincerely,

Jennilynn Herndon Office Manager

Jennilean Herndon

JH/jkh

Enc.