

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR -1 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **715090**

1. Corporation Name

**SUNSHINE CHRISTIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

14225 NORTHWEST EIGHTH AVENUE  
MIAMI FL 33169-6818

14225 NW 8 AVE.  
MIAMI FL 33168

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0128508

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPC	MORALES, LUIS F	18211 N.W. 52 AVE.	MIAMI FL 33055
SD	DE JESUS, FRANCISCA	12730 W GOLF DR	MIAMI FL 33167
DVC	DE JESUS, DAMIAN	12730 W. GOLF DRIVE	MIAMI FL 33167
T	WASHINGTON, MONTEDEOCA	1251 NE 108 ST	MIAMI FL 33161

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCISCA DE JESUS  
12730 W GOLF DR  
MIAMI FL 33167

Name

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

Suite, Apt. #, Etc.

City

700003164547--9

-03/09/00-01106-006

\*\*\*\*297-50 \*\*\*\*297-50

FL

State Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

\* 11-30-99

11. 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: FRANCISCA DE JESUS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* 11-30-99

Date

Daytime Phone #

CR2E040 (8/99)