

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 DEC -5 PM 4: 11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000769**

1. Corporation Name

SUNSHINE ACQUISITION CORP.

Principal Place of Business

Mailing Address

1999 AVE OF THE STARS
 STE 3050
 LOS ANGELES CA 90067
 US

500 FRANK W. BURR BLVD
 6TH FLOOR
 TEANECK NJ 07666
 US

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



REINSTATEMENT

Jojo

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/18/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-4365851

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
PCD	PERENCHIO, A. JERROLD	1999 AVE OF THE STARS, #3050	LOS ANGELES CA
VPSD	CAHILL, ROBERT V	1999 AVE OF THE STARS, #3050	LOS ANGELES CA

100003506301--4
 -12/19/00--01093--011
 ****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Vicky Goldstein
 REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN
 SPECIAL ASSISTANT SECRETARY

Date 11/29/00

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: *Robert V. Cahill* **ROBERT V. CAHILL** 10/16/00 201-287-4308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)