

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **G21111**

1. Corporation Name

Sunshine Boats, Inc.

100004562711-3

-08/29/01--01094--003

***900.00 ***900.00

2. Principal Office Address

8524 43rd Ave Terr W

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34209

Country

Manatee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2299162

Applied **SP**

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

Jo Anne Ibasfalean

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

1611 14th St. W.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/15/01

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.D	Cleonic L. Ibasfalean	4215 129th St. W. Cortez, FL 342	Cortez, FL 34215
T.D	Mark S. Ibasfalean	4217 126th St. W.	Cortez, FL 34215
V.P.D	Bryan Ibasfalean	8524 43rd Ave Terr W.	Bradenton, FL 34209
S.D	Cleonic J. Ibasfalean	4219 129th St. W.	Cortez, FL 34215

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] **Bryan Ibasfalean**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

(941) 792-2422

Daytime Phone #

CR2E081 (9/00)