

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54605

1. Corporation Name

SUNSHINE EXCAVATORS, INC.

2. Principal Office Address - No P.O. Box #
255 14TH STREET N.

3. Mailing Office Address
255 14TH STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34103

Country

Zip
34103

Country

400148802294
04/06/09--01025--005 **1650.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 04/26/1985

5. FEI Number
59-2565507

Applied For
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
CORPORATE REGISTERED AGENT, LLC

Street Address (P.O. Box Number is Not Acceptable)
5147 CASTELLO DRIVE

Suite, Apt. #, Etc.

City
NAPLES

State Zip Code
FL 34103

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Patrick Jones as its Member
REGISTERED AGENT MUST SIGN

Date 4-3-09

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
DPST	PATRICK JONES	255 14TH STREET N.	NAPLES, FL 34103

REINSTATEMENT

RH

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK JONES

04/03/2009 (239) 287-6147

Date

Daytime Phone #