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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H62828			
1. Corporation Name Sunshine Carriers, Inc.			
2. Principal Office Address - No P.O. Box # 12404 Park Central Drive		3. Mailing Office Address 12404 Park Central Drive	
Suite, Apt. #, etc. 300 South		Suite, Apt. #, etc. 300 South	
City & State Dallas, Texas		City & State Dallas, Texas	
Zip 75251	Country U.S.A.	Zip 75251	Country U.S.A.
4. Data Incorporated or Qualified To Do Business in Florida 6/19/1983			
5. FEI Number 59-2544677		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			
State FL		Zip Code 33324	
☐ 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 Marcia Glick Date 9/23/08 REGISTERED AGENT MUST SIGN			
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
	(See Attached Directors and Officers List)		
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 taxes 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: Marcia Glick		Marcia Glick,	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/23/2008	
Daytime Phone # 972-228-7397		972-228-7397	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine Carriers, Inc.

Directors

<u>Name</u>	<u>Address</u>
John Simone	12404 Park Central Drive Suite 300 South Dallas, Texas 75251
Stephen Bishop	(same as above)
John Hove	(same as above)

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
John Simone	President & Chief Operating Officer	12404 Park Central Drive Suite 300 South Dallas, Texas 75251
Stephen Bishop	Executive V-P and Treasurer	(same as above)
John Hove	Senior V-P and Secretary	(same as above)
Dan Curtis	Vice President	(same as above)
Viren Gandhi	V-P and Controller	(same as above)
Marcia Glick	Assistant Secretary	(same as above)

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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CORPORATION REINSTATEMENT

SUNSHINE CARRIERS, INC.

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