

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84038

1. Corporation Name

SUNSHINE MANOR INC

REINSTATEMENT 01-03

700012968247
02/21/03--01096--012 **1058.75

2. Principal Office Address

BEVILLE ROAD 700

3. Mailing Office Address

4714
HALIFAX DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL.

City & State

PORT ORANGE
FLORIDA

Zip

32114

Country

VOLUSIA

Zip

32127

Country

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

09-01-87

5. FEI Number

59-2802519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL D. LAWLER

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

4714 HALIFAX DRIVE

Suite, Apt. #, Etc.

City

PORTORANGE

State

FL

Zip Code

32127

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]

Date 2-10-03

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
PRES	MICHAEL D. LAWLER	4714 HALIFAX DR	PORTORANGE FL 32127
SEC	MICHAEL D. LAWLER	PORTORANGE	
TRES	MICHAEL D. LAWLER	FLORIDA 32127	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. LAWLER

2-10-03 3867605026

Date

Daytime Phone #

CR2E081 (10/02)