

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 FEB -7 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K93818

1. Corporation Name

SUNSHINE SHELL INC

Principal Place of Business

Mailing Address

880 W SUNRISE BLVD  
FT LAUD FL 33311

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-20-90

5. FEI Number

05-0134750

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

200002084252--0

-02/11/97--01158--008

\*\*\*\*300.00 \*\*\*\*300.00

200002084252--0

-02/11/97--01158--008

\*\*\*\*150.00 \*\*\*\*150.00

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1	REUEL ZFAT	4091 N.W 101 DR	CORAL SPRINGS (FL)
2	AVIVA ZFAT	SAME (SECRETARY)	FL 33071
		4091 N.W 101 DR	
		CORAL SPRING FL	
		33071	

200002084252--0

-02/11/97--01158--010

\*\*\*\*90.00 \*\*\*\*90.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MY SELF

NAME  
REUEL ZFAT SAME AS ABOVE  
Street Address (P.O. Box Number is Not Acceptable)  
4091 N.W 101 DR  
Suite, Apt. #, Etc.  
Coral Spring FL  
City  
State  
FL  
Zip Code  
33071

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

REGISTERED AGENT MUST SIGN

AVIVA ZFAT

Date 1-27-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REUEL ZFAT

Date

Daytime Phone #

1-27-97

CR2E040 (12/96)