

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32674

1. Corporation Name

SUNSHINE AUTO SHINE, INC.

Principal Place of Business

8055 PLANTATION LAKES DR
PORT ST LUCIE FL 34986

Mailing Address

8055 PLANTATION LAKES DR
PORT ST LUCIE FL 34986

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1989

5. FEI Number

65-0163367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
DPT	POMEROY, EUGENE A., JR	8055 PLANTATION LAKES DR	PORT ST LUCIE FL 34986
VPSD	POMEROY, MARY C	8055 PLANTATION LAKES DR.	PORT ST LUCIE FL 34986
			200002719602--9 -12/22/98--01085--008 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

POMEROY, MARY C
100 N.E. THIRD AVENUE
SUITE 1100
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

SAME

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

4800 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE D-100

City

BOCA RATON

State

FL

Zip Code

33431

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

Mary C. Pomero

REGISTERED AGENT MUST SIGN

Date

12/11/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Eugene A. Pomero Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE A. POMEROY JR.

Date

12/11/98 (321) 464-1194

Daytime Phone #

CR2E040 (8/98)