

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB 25 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

*The Sunshine Program, Inc.*  
*NO1000007273*

2. Principal Office Address - No P.O. Box #

*712 W. Jasmine Dr.*

Suite, Apt. #, etc.

3. Mailing Office Address

*P.O. Box 392*

Suite, Apt. #, etc.

City & State

*Lake Park, FL*

City & State

*Hobe Sound, FL*

Zip

*33403*

Country

*USA*

Zip

*33475*

Country

*USA*

*200144412133*  
*02725709--01027--021 \*\*490.00*

**REINSTATEMENT** *02-09*

4. Date Incorporated or Qualified  
To Do Business in Florida

*October 11, 2001*

5. FEI Number

*200013719*

☒ 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

*Sophia Thompson*

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

*712 W. JASMIN DRIVE*

Suite, Apt. #, Etc.

City

*Lake Park*

State

*FL*

Zip Code

*33403*

☒ 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

*Sophia Thompson*  
REGISTERED AGENT MUST SIGN

Date *2/20/09*

**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
<i>Sec.</i>	<i>Abrina Washington</i>	<i>5052 SE Mariner Garden Stuart, FL 34997</i>	<i>Stuart, FL 34997</i>
<i>Sec.</i>	<i>Paul Miller</i>	<i>5348 SE 48th Ave</i>	<i>Stuart, FL 34997</i>
<i>Treasurer</i>	<i>Tenae Johnson</i>	<i>712 W. Jasmine Dr</i>	<i>Lake Park, FL 33403</i>
<i>V.P.</i>	<i>Treva Thompson</i>	<i>712 W. Jasmine Dr.</i>	<i>Lake Park, FL 33403</i>
		<i>712/26</i>	

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:

*Sophia Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/09* *(561) 601-9218*  
Date Daytime Phone #