

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 17 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001776

1. Corporation Name

THE SUNSHINE CLUB INC.

2. Principal Office Address 245

FORESTERIA DR

Suite, Apt. #, etc.

3. Mailing Office Address P.O. Box

530686

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

Zip

33403

Country

U.S.

City & State

LAKE PARK, FL

Zip

33403

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/2002

5. FEI Number

02-0557435

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

MARVA M LEWIS

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

245 FORESTERIA DR

Suite, Apt. #, Etc.

City

LAKE PARK, FL

State

FL

Zip Code

33403

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

MARVA M LEWIS

Date 2/16/05

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
<u>PRESIDENT</u>	<u>MARVA M. LEWIS</u>	<u>245 FORESTERIA DR</u>	<u>LAKE PARK, FL 33403</u>
<u>TREASURER</u>	<u>LILETH WILLIAMS</u>	<u>5353 45th ST</u>	<u>WEST PALM BEACH FL 33407</u>
<u>VICE PRES</u>	<u>DAVID GANT</u>	<u>2100 W 23 ST.</u>	<u>RIUIERA BEACH FL 33404</u>
			<u>800047408848</u>
			<u>02/28/05--01081--016 **192.50</u>
			<u>STATEMENT 03-05</u>

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)(f), 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:

MARVA M LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

Daytime Phone #

CR2E081 (01/05)