## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000001776

Entity Name: THE SUNSHINE CLUB INC.

FILED Feb 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

245 FORESTERIA DR 7211 40 STREET LAKE PARK, FL 33403 TAMPA, FL 33604

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 530686

LAKE PARK, FL 33403 US

FEI Number: 02-0557435 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, MARVA M LEWIS, MARVA M 245 FÓRESTERIA DR 1425 TROPICAL DR. LAKE PARK, FL 33403 LAKE WORTH, FL 33460 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: MARVA M. LEWIS 02/26/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

(X) Change ( ) Addition () Delete

LEWIS, MARVA M LEWIS, MARVA M Name: Name: Address: 245 FORESTERIA DR Address: 1425 TROPICAL DR. City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete Title: () Change () Addition

Name: WILLIAMS, LILETH Name: Address: 5353 45TH ST Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip:

Title: () Delete Title: () Change () Addition

GANT, DAVID Name: Name:

2100 W 23 ST Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVA M. LEWIS **PRES** 02/26/2007