

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000009776

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** SON-SHINE PROJECT, INC.

**Current Principal Place of Business:**

470 PINELLAS WAY SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

253 COREY AVENUE  
ST PETE BEACH, FL 33706

**Current Mailing Address:**

470 PINELLAS WAY SOUTH  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

253 COREY AVENUE  
ST PETE BEACH, FL 33706

**FEI Number:** 26-0469807      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

HUFFSTUTLER, JOE  
4201 BELLE VISTA DRIVE  
SAINT PETERSBURG, FL 33706      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:** JOE HUFFSTUTLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COOK, STEVEN  
**Address:** 470 PINELLAS WAY SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33707

**Title:** CEO  
**Name:** HUFFSTUTLER, JOE E  
**Address:** 253 COREY AVENUE  
**City-St-Zip:** ST PETE BEACH, FL 33707

**Title:** CFO  
**Name:** HUFFSTUTLER, JOE E  
**Address:** 470 PINELLAS WAY SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33707

I hereby 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 all other like empowered.

**SIGNATURE:** JOE HUFFSTUTLER

CFO

04/16/2010

Electronic Signature of Signing Officer or Director

Date