

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -3 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # 1723542
1. Corporation Name Sunshine City Lodge #
255 D.B.P.O.B. 3 W. S.W.

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01/12/07--01004--016 **61.25

REINSTATEMENT 95-07
CR2E081 (12/05)

2. Principal Office Address 1331 Tangerine
Suite, Apt. #, etc.
City & State St. Pete FLA.
Zip 33705 Country FLORIDA

3. Mailing Office Address ←
Suite, Apt. #, etc.
City & State St. Pete FLA.
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida March 3 1942
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name William Wimbley
Street Address (P.O. Box Number is Not Acceptable) 721 1/2 Ave So.
Suite, Apt. #, Etc.
City St. Petersburg Fla.
State FL Zip Code 33705

900084097749
01/12/07--01004--017 **910.00

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 William B. Wimbley 721-42 Ave So. Date 11-8-04
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
Trustee	Willie, Corey	2220 18 th St. So.	St. Petersburg Fla. 33702
Trustee	Mavis Field, Johnson	1033 ARLINGTON AVE SO	St. Petersburg Fla
Vice Chair	Kitchen ELIJAH	1331 18 th Ave So	St. Pete Fla.
Pres Sect	William, Wimbley	721 1/2 Ave So.	St. Pete Fla.

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: William Wimbley Date 727 823 4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1/3aw