PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

- APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N96000006590 **DOCUMENT #**

1. Corporation Name

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SUNSHINE LEISURE CARE, INC.

Principal Place of Business

1352 6TH ST

Mailing Address

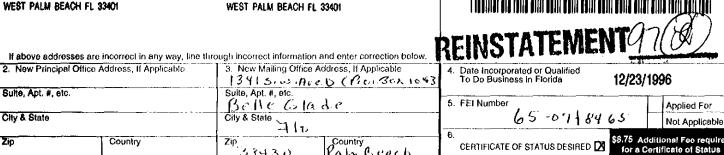
1352 6TH ST

WEST PALM BEACH FL 33401

FILED

97 DEC -9 AM 8: 32

SECRETARY OF STATE TALLAHASSEE. FLORIDA



		A 4.				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4			
DΡ	PEAVY, MARGARET E	1352 6TH ST	WEST PALM BEACH FL 33401			
DS	ZELL, IDA M	841 SW AVE B	BELLE GLADE FL 33430			
DT	PEAVY, GUS A	1341 SW AVE D	BELLE GLADE FL 33430			
D	HOWARD, ERNES JR.	6 FOREST GREEN K DR	DOVER DE 19901			
٧p	manny Singh	6610 North University Drive	Forthardale 716 33321-4034			
Tr	Mar vin Glover	235 S.W. 5 sh are	South Bay Ho. 33493			

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8. Name and Address of Current Regis	stered Agent	9. Nar	ne and Address of New Registered Agent	
PEAVY, MARQARET E	N	ame		
1352 6TH ST	Si	Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401	Si	ulte, Apt. #, Etc.	60000297994 6	⊖ 022
	Ci	ity	****249. \$6 6 3 \$*****2	45 .0 0
I, being appointed the registered agent of the above no	amed corporation, am familiar with ar	nd accept the obligations	of Section 607,0505, F.S.	

10.

REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year

Date 100, 27, 1997

Intangible Personal Property tax due June 30.

Yes L No (See other side for information on intangible tax.)

12. 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)(i), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 27, 97 561 996-55-79