

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000006590**

1. Corporation Name

**SUNSHINE LEISURE CARE, INC.**

**FILED**

**97 DEC -9 AM 8:32**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1352 6TH ST  
WEST PALM BEACH FL 33401**

Mailing Address

**1352 6TH ST  
WEST PALM BEACH FL 33401**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**1341 S.W. AVE D (P.O. Box 1043)**

Suite, Apt. #, etc.

**Belle Glade**

City & State

Zip

Country

**33430**

**Palm Beach**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/23/1996**

5. FEI Number

**65-0718465**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	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.	8 FOREST GREEN K DR	DOVER DE 19901
VP	Manny Singh	6610 North University Drive Suite 250	Fort Lauderdale Fl 33321-4034
Tr	Marvin Glover	235 S.W. 5th Ave	South Bay Fl 33493

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PEAVY, MARGARET E  
1352 6TH ST  
WEST PALM BEACH FL 33401**

Name

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

Suite, Apt. #, Etc.

City

**600002373946--3**

**-12/16/97-01104--022**

**\*\*\*\*245.00 \*\*\*\*245.00**

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**Margaret Peavy**

REGISTERED AGENT MUST SIGN

Date **Nov. 27, 1997**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Margaret Peavy**

Date

Daytime Phone #

**Nov 27, 97 561 996-5579**

CR2E040 (8/97)