PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -9 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006590

1. Corporation Name
SUNSHINE LEISURE CARE, INC.

Principal Place of Business

Mailing Address
1341 Sw Ave D
Belle Glade Fla
33430

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

REINSTATEMENT 18-91

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4 Date Incorporated or Qualified To Do Business in Florida

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
DP	Margaret Peavy	1341 SW Ave D	Belle Glade Fla 33430
DS	Ida Mizell Gilua	2510 Inaguenue	Coconut Grove Fla 33133
DT	Cyas A. Peavy	200 East Burgess Rd.	Pensacola Fla 32503
D	Ernest Howard	6 Forest Green K Dr	Dover De 19901
VP	Willie L. Haslem	1352 6 St	West Palm Beach Fla 33401
T	Manny Singh	6610 N University Dr. Ste 255	Ft. Lauderdale Fla 33321-4034

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****122.50 ****122.50

8. Name and Address of Current Registered Agent
Margaret Peavy
1341 S.W. Ave D
Belle Glade Fla 33430

9. Name and Address of New Registered Agent
Name: Willie L. Haslem
Street Address (P.O. Box Number is Not Acceptable): 1352 6 St
Suite, Apt. #, Etc
City: West Palm Beach
State: FL
Zip Code: 33401

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****175.00 ****175.00

CR2E081 (12/98)

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: Willie L. Haslem
REGISTERED AGENT MUST SIGN
Date

11. This corporation owes 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: Margaret Peavy Margaret Peavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-13-99
Daytime Phone #: 561 996 5579