

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000010201

1. Corporation Name

SUNSHINE LIQUIDATORS.COM, INC.

Principal Place of Business

Mailing Address

2200 SO. OCEAN LANE, APT. 2708
FT. LAUDERDALE FL 33316

2200 SO. OCEAN LANE, APT. 2708
FT. LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

~~5322 NW 125 Ave~~

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

Zip
33076

Country
USA

3. New Mailing Office Address, If Applicable

5322 NW 125 Ave

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

Zip
33076

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2000

5. FEI Number

650978236

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ABRAMS, LEONARD	2200 SO. OCEAN LANE, APT. 2708	FT. LAUDERDALE FL 33316
P	ABRAMS, DAVID	5322 NW 125 Ave	CORAL SPRINGS, FL 33076

600004693896-9
-11/26/01-01083-011
****750.00 ****750.00

10/15/01

8. Name and Address of Current Registered Agent

KLEIN, STUART B ESQ.
1551 FORUM PLACE, STE. 400B708
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name
DAVID ABRAMS
Street Address (P.O. Box Number is Not Acceptable)
5322 NW 125 Ave
Suite, Apt. #, Etc.
City
CORAL SPRINGS
State
FL
Zip Code
33076

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

REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID ABRAMS - Pres.

10/15/01

954-868-4726