

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV -1 PH 2:28

DOCUMENT # P00000010201

1. Corporation Name

SUNSHINE LIQUIDATORS.COM, INC.

Principal Place of Business

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

Mailing Address

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

~~2200 SO. OCEAN LANE~~
 5322 NW 125 Ave

Suite, Apt. #, etc.

City & State
 CORAL SPRINGS, FL

Zip Country
 33076 USA

3. New Mailing Office Address, If Applicable

5322 NW 125 Ave

Suite, Apt. #, etc.

City & State
 CORAL SPRINGS, FL

Zip Country
 33076 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

600004633896-9
 -11/26/01-01083-011
 ****750.00 ****750.00

JA 11/21

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

David Abrams

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:

David Abrams - DAVID ABRAMS - Pres.

Date

10/15/01

Daytime Phone #

954-868-4726

CR20040 (8/01)