

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 24 PM 3:06

DOCUMENT # P000000 17690

1. Corporation Name

Sunshine Kids Day Care
Center, Inc

800025223758
12/04/03--01016--018 **585.00

REINSTATEMENT 03

2. Principal Office Address

543 E 9 Street

Suite, Apt. #, etc.

Hiialeah Florida

City & State

Hiialeah 33010

Zip

Country

USA

3. Mailing Office Address

543 E 9 Street

Suite, Apt. #, etc.

Hiialeah Florida

City & State

33010

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-00

5. FEI Number

65-0982735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Claudio Vargas

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

543 E 9 Street

Suite, Apt. #, Etc.

Hiialeah Florida 33010

City

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Claudio Vargas
REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.</u>	<u>Vargas Claudio</u>	<u>543 E 9 Street</u>	<u>Hiialeah FL 33010</u>
<u>5</u>			

10. 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:

Claudio Vargas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #