PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

I LEASE REA	D ALL INSTRUCTION	JINO BEFORE	COMPLE	TING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTI Katherine Secretary DIVISION OF COI	Harris of State		FILED 02 JUN 17 AM II: 38
DOCUMENT # PODODODZ3482 1. Corporation Name SUNSHINE AUTO BROKERS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address			assasoacoo
4760 S. U.S. Hury / Suitle, Apt. #, etc.	4760 S. Suite, Apt. #, etc.	4760 5. U.S Huiy / Suite, Apt. #, etc.		-06/26/0201024014 ****300,00 ****300,00
City & State FT. PIEREE, FT. Zip Country	City & State THERCE E	ار . Country	5. FEI Numb	786572 Not Applicable
34782 USA	34782	U5/4	CERTIFICAT	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Add	ress of Current Register	ed Agent	
Street Address (P.O. Box Namber is 230 E.E.F. Suite, Apt. #, Etc.	Not Acceptable) 25 / 5/.	Company of the second	in the construction of the	State Zip Code
8. I, being appointed the registered agent of the a Signature of Registered Agent			ligations of sect	
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonprofit co	orporations must list at lea	st 3 directors)	
Titles Name of Officers and/or Director		Street Address of Each Officer and/or Director	,	City / State / Zip
PRES MICHAELKS	TEWART 23) E. EASY	S	F. PRICE, Fl. 34982
				AR = 201.25
				ARARS- 10,00
	1 sq. +		,	ARSUPP - 88,75
10. I certify that I am an officer or director or the reco this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my	names of individuals listed on this	Arporate name satisfies to	e requirements	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated
SIGNATURE: SIGNATURE AND TYPED OR PE	TED NAME OF SIGNING OFFICER	OR DIRECTOR		13/02 460-2527 Daytime Phone #

of 6/20/12

SUNSHINE AUTO BROKERS INC.

FT. DEDT OF STATE Div of CORPORATIONS 6/13/02

I AM REQUESTING YOU WAIVE The

RE-INSTATEMENT FEES, DUE to the fact I

JEWEN HAVE RECEIVED the ANNUAL NOTICE.

JEWEN HAVE RECEIVED the ANNUAL ON

I SPOKE WITH BARBARA ON

I SPOKE WITH BARBARA ON

AND SHE

ADVISED ME. of this. A 700 Check

Abovised Me. of this. A 700 Check

Abovised Me. I AM Exclosing the

MED DIRECTIONS

Amale for