

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000068411

1. Entity Name  
SUNSHINE HOME INTERIORS, INC.



FILED

04 DEC -3 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1129 MARINE STREET  
CLEARWATER, FL 33755

Mailing Address  
1129 MARINE STREET  
CLEARWATER, FL 33755

2. Principal Place of Business  
919 Broadway  
Suite, Apt. #, etc.

3. Mailing Address  
919 Broadway  
Suite, Apt. #, etc.

10222004 REIN-P CR2E098 (6/04)

City & State  
Dunedin, Florida  
Zip  
34698  
Country  
Pinellas

City & State  
Dunedin, Florida  
Zip  
34698  
Country  
Pinellas

4. FEI Number 59-3724543  
13-1544616

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MANISCALO, GLORIA  
1129 MARINE STREET  
CLEARWATER, FL 33755

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gloria Maniscalco* 11-02-04  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MANISCALO, GLORIA	
STREET ADDRESS	1129 MARINE STREET	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000042521690
STREET ADDRESS	11/05/04--01041--001 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Maniscalco* 11-02-04 727-736-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Sunshine Home Interiors, Inc.*  
*Gloria Maniscalco*

(727) 736-7800  
Fax (727) 736-7803  
919 Broadway (Alt. 19)  
Dunedin, FL 34698

December 1, 2004

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Attention: Reinstatement Section

To whom it may concern,

Please find enclosed a copy of the Reinstatement document #P00000068411 for Sunshine Home Interiors, Inc. Per my conversation with Eula on 11/30/04, I am sending this letter to convey to the department that the notification sent in January and April/May was never received. In 2002 the address was changed to reflect the moving of the business to it's current location, 919 Broadway Dunedin, Florida.

We never received notification of renewal until the request for reinstatement and the \$750.00 fee.

I have sent the \$150.00 renewal upon receipt of the request. I am asking for a review of the \$750.00 fee and a waiver to allow for the \$150.00 payment only.

Thank you for your consideration,

Gloria Maniscalco