

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

100000090778
Sunshine Wildlife Tours Inc

2. Principal Office Address

5000 SE Fed Hwy

Suite, Apt. #, etc.

Lot 3301

City & State

Stuart FL

Zip

34997

Country

USA

3. Mailing Office Address

P.O. Box 1337

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34995

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 26, 2000

5. FEI Number

651044839

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

Debra L. Klein

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

413 SW California Av.

Suite, Apt. #, Etc.

City

Stuart

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

16 Feb. 2004

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
<i>Pres.</i>	<i>Nancy J. Benner</i>	<i>5000 SW Fed Hwy, Lot #3301</i>	<i>Stuart, FL 34997</i>
<i>V.P.</i>	<i>Terence Bischoff</i>	<i>13325 Maplewood Rd.</i>	<i>Palm City FL 34990</i>
<i>Sec. Treas.</i>	<i>Rebecca Elliot</i>	<i>3089 SE Lime Tree Ter.</i>	<i>Stuart, FL 34997</i>
<i>Director</i>			

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:

Nancy J. Benner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

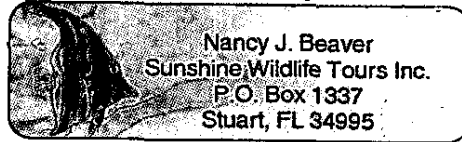
2/25/04

Date

772-219-0148

Daytime Phone #

ADDRESS CORRECTION Untitled



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To: Florida Dept. of State, Div. of Corporations:

From Nancy J. Beaver, president of Sunshine Wildlife Tours Inc.

Re: Reinstatement of corporation:

2/25/04 FEI 651044839 DOC. # P00000090778

Dear Sirs:

Following my conversation with Tyron Scott of your office, I am asking you to accept my payment and waive the penalty for not providing this information and payment on time. I promise that in

the future this will be taken care of on time and that everything required will be filed properly. I know that ignorance is not an excuse, but I believe because of an address change, I did not receive any information from your office. I also had some accountant^{ant} problems and was not able to get my paperwork back for several months still not done. I now have a good accountant that has made me aware of the problem. I assure you that this years payment will follow shortly with everything in order. Thank you for your patience~~ce~~ with people like me!

Sincerely,

Capt. Nancy J. Beaver

P.S. Please send form for
this year.

Thank you