PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P0000096543

1. Corporation Name

## SUNSHINE PROPERTY INVESTORS CORPORATION

Principal Place of Business

Mailing Address

10607 N.HATTERAS DR. TAMPA FL 33615 10607 N.HATTERAS DR.

FILED

02 MAY 29 PM 12: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above	addresses are incorrect in any way, line thre	ough incorrect information	and enter correction below	REIN	ISTATEM	ent <u>od-</u> or	
2. New P	rincipal Office Address, If Applicable	3. New Mailing Office A	iling Office Address, If Applicable 4. I		4. Date Incorporated or Qualified		
Suite, Apt. #, etc. 1201 W. Hilsaning Is Suite, Apt. #			21 W. Hilswand		er	10/12/2000 Applied For	
City & Sta	MPA FL.	City & State	h		· · · · · · · · · · · · · · · · · · ·	X Not Applicabl	
Zip 	608 741/15/3NROVN	33.608	Country / Repay	7 1	TE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Florida nonpro	fit corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors	3_	Street Address of Each Officer and/or Director		City / State / Zip		
PD 	ALLICOCK, PAMELA	AMELA 10607 N.HATTERAS D		· .	TAMPA FL 33615		
VSD	FERNANDEZ, ALBERTO	10607 N.I	10607 N.HATTERAS DR.		TAMPA FL 33615		
TD	FERNANDEZ, LUIS A	10607 N.I	10607 N.HATTERAS DR.		TAMPA FL 33615		
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				<del></del>		01047nin	
	8. Name and Address of Current R	egistered Agent		9. Name and	Address of New Register		
	CK, PAMELA		Name	Namer PAMELA ALTICACK  Street Address (P.O. Box Number, is Not Acceptable)			
	N.HATTERAS DR. FL 33615		1201	VY. HIL	is Not Acceptable)	als Air.	
IVMEN	( L 000 10		Suite Apt. # Et	c			
			City	ÓÒ	S	tate Zip Code	

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:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

REGISTERED AGENT MUST SIGN

5/24/2002 #17-09