

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -6 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000009405

## 1. Corporation Name

Sunshine Collection Services, Inc.  
c/o Douglas D. Stratton**REINSTATEMENT**100024459701  
11/06/03--01002--025 \*\*150.00

## 2. Principal Office Address

407 Lincoln Road

Suite, Apt. #, etc.

2A

## 3. Mailing Office Address

407 Lincoln Road

Suite, Apt. #, etc.

2A

City &amp; State

Miami, Florida

City &amp; State

Miami, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2001

## 5. FEI Number

65-1076868

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Douglas D. Stratton

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

407 Lincoln Road

Suite, Apt. #, Etc.

2A

City

Miami

State

FL

Zip Code

33139

## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

Date

10/28/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Igor Barsky	407 Lincoln Road, #2A	Miami, FL 33139

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 807 or 817, 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

609-468-1505

CR-2608 (10/02)

20P2

November 4, 2003

Sunshine Collection Services, Inc.  
C/o Douglas D. Stratton  
407 Lincoln Road, Ste 2A  
Miami, FL 33139

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

Dear Sir or Madam:

Enclosed please find our reinstatement application and a check for \$150.00. We are hereby requesting that the penalty for failure to file our annual report be waived. Our company's mailing address changed to 407 Lincoln Road, Suite 2A, Miami, Florida 33139 and the post office was duly notified. Unfortunately the post office did not forward our mail to the correct address and therefore, we were unable to file our annual report.

Thank you very much for your understanding and co-operation in this matter.

Respectfully yours,

Igor Barsky