

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 28 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

901000015028

1. Corporation Name

RV SUNSHADE COMPANY, INC.

REINSTATEMENT 02-03

2. Principal Office Address

4416 Southern Breeze Drive SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City/State

Naples, Florida

City & State

SAME

Zip

34114

Country

Colier

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

651075192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

*TO EML. P.A.

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDWARD M. LIVINGSTON, P.A.

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

963 Trail Terrace Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

Edward M. Livingston

Date 4/18/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LEWIS G. BROWN	4416 Southern Breeze Drive, Naples, FL	34114

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:

Lewis Gordon Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

(239) 262-8502

Daytime Phone #

CR2E081 (10/02)

gt 4/27