

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 201000020991

1. Corporation Name

Sunshine Supplements Inc

**REINSTATEMENT** 03-04

2. Principal Office Address

2240 Woolbright Rd

Suite, Apt. #, etc.

Suite 322

City & State

Boynton Bch FL

Zip

33426 USA

3. Mailing Office Address

2240 Woolbright Rd

Suite, Apt. #, etc.

Suite 322

City & State

Boynton Bch, FL

Zip

33426 USA

000028732890

02/13/04--01035--010 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

65-1085842

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

James L Pruden Esq

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

370 W Camino Gardens Blvd

Suite, Apt. #, Etc.

Suite 210

City

Boca Raton

State

FL

Zip Code

33432

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

*James L Pruden*  
REGISTERED AGENT MUST SIGN

Date 1/29/2004

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
D	Mark Spivack	72 SE 6 <sup>th</sup> Ave #14	Delray Bch FL 33483

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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/04 954-648-5782

CR2E081 (10/02)

Sunshine Supplements Inc  
2240 Woolbright Road  
Suite 322  
Boynton Beach, FL 33426

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement

To Whom It May Concern:

We would greatly appreciate your reinstating Sunshine Supplements Inc at the cost of 300.00 as we never received the reenrollment package last year.

Thank you for your help in this matter,

Sincerely,

Sunshine Supplements, Inc.

  
Marc Spivack  
President

Sunshine Supplements, Inc.

Sincerely,

Thank you for your help in this matter,