

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036636

1. Corporation Name

Sunshine Tools, Inc.

2. Principal Office Address

8308 NW So. River Dr.

Suite, Apt. #, etc.

City & State

Medley FL

Zip

33166

Country

U.S.A.

3. Mailing Office Address

8308 NW So. River Dr.

Suite, Apt. #, etc.

City & State

Medley FL

Zip

33166

Country

U.S.A.

700016393957
04/21/03--01053--020 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/11/01

5. FEI Number

65-0999185

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

Mario A. Mule

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

7812 NW 197th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date 4/18/03

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	Mario A. Mule	7812 NW 197 th St.	Miami, FL. 33015

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.

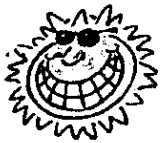
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (305) 889-0339
Date Daytime Phone #

CP2E081 (10/02)

9/ 4/23



Sunshine Tools Inc

Office & Warehouse:
8308 NW South River Drive
Medley, FL 33166
Ph (305) 889-0330, Fax (305) 889-1051
Email: suntool@bellsouth.net

April 18, 2003

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

Gentlemen:

Please find enclosed a Corporation Reinstatement Form for Sunshine Tools, Inc. I am also enclosing a check for \$300.00 to cover 2002/03 filing fees.

The corporation was formed 4/11/01 and the accountant filed our first 1120 in May 02. He never told us that an annual report was due by May 1, 2002 in addition, I never received the form since I moved two times in 2001 and 2002. I found out this form should have been filed last April, when my new accountant did the work for 2002 last month and asked me for the current form.

I respectfully ask that no new fees be assessed on the above facts.

Very truly yours,

Mario Mule, V.P.