

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
 FILED
 DIVISION OF CORPORATIONS

07 AUG 28 PM 4:51

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01000044619

1. Corporation Name
SUNSHINE COMMUNICATIONS S.E., INC.

2. Principal Office Address - No P.O. Box # <u>1019 SYMPHONY ISLES BLVD.</u>		3. Mailing Office Address <u>PO BOX 3509</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>APOLLO BEACH FL</u>		City & State <u>APOLLO BEACH, FL</u>	
Zip <u>33572</u>	Country <u>USA</u>	Zip <u>33572</u>	Country <u>USA</u>

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida <u>4/30/2001</u>	Applied For
5. FEI Number <u>58-2628470</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
RICHARD OGRODOWSKI

Street Address (P.O. Box Number is Not Acceptable)
1019 SYMPHONY ISLES BLVD.

Suite, Apt. #, Etc.

City
APOLLO BEACH

State
FL

Zip Code
33572

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 8/27/07

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
CEO/D	ROBERT A. STRAUB	1445 JUMANA LOOP	APOLLO BEACH, FL 33572
V/S/T/D	RICHARD J. OGRODOWSKI	1019 SYMPHONY ISLES BLVD.	APOLLO BEACH FL 33572
			B 8/30/07
			02-07
			400109295094
			09/11/07--0101E--007 **1502 75

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 contained in Chapter 119, 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: Robert Straub Date 8/27/07 Daytime Phone # 813-649-0090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR