

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JAN 30 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049706

1. Corporation Name

SUNSHINE INTL TOURS & TRAVEL INC

W08 600003962

900117600729  
02/08/08--01013--012 \*\*300.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3100 COLLINS AVE		PO BOX 190722	
Suite, Apt. #, etc. # 703		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33140	Country USA	Zip 33119	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/18/2001

5. FEI Number 651104376 ☐ 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 MARIVEL MARIA MIRANDA		
Street Address (P.O. Box Number is Not Acceptable) 3100 COLLINS AVE		
Suite, Apt. #, Etc. # 703		
City MIAMI	State FL	Zip Code 33140

☒ 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]*

REGISTERED AGENT MUST SIGN

Date 01-23-2008

**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
PD	Marivel Maria Miranda	3100 Collins Ave. #703	Miami, Fl. 33119
900117600729 02/08/08--01013--013 **150.00			
<b>REINSTATEMENT</b>			
RH 1-08			
<b>REINSTATEMENT 06-08</b>			

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-2008 305-491-0131

Date

Daytime Phone #