

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICANT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000061171

1. Corporation Name

SUNSHINE HERNANDO INVESTMENTS, INCORPORATED

Principal Place of Business

4923 AVERY ROAD  
NEW PORT RICHEY FL 34652

Mailing Address

4923 AVERY ROAD  
NEW PORT RICHEY FL 34652

FILED

03 JAN 27 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
6652 ROWAN ROAD

City & State  
NEW PORT RICHEY, FL

Zip Country  
34653 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
6652 ROWAN ROAD

City & State  
NEW PORT RICHEY, FL

Zip Country  
34653 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2001

5. FEI Number

59-3732605

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STEFANSKI, JOHN M	4923 AVERY ROAD	NEW PORT RICHEY FL 34652
VD	HITE, DAMON J	4923 AVERY ROAD	NEW PORT RICHEY FL 34652
SD	HITE, CYNTHIA C	4923 AVERY ROAD	NEW PORT RICHEY FL 34652

900012225059  
02/10/03--01011--019 \*\*\*300.00

8. Name and Address of Current Registered Agent

STEFANSKI, JOHN M  
4923 AVERY ROAD  
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

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

6652 ROWAN ROAD

Suite, Apt. #, Etc.

NEW PORT RICHEY, FL

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. of 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/23/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

(727) 859-9422

Daytime Phone #

CR2E040 (8/02)

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## SUNSHINE HERNANDO INVESTMENTS



6652 ROWAN RD. ◆ NEW PORT RICHEY, FL 34653  
Phone 727 859-9422 ◆ Fax 727 859-0040

January 24, 2003

DIVISIONS OF CORPORATIONS  
P.O BOX 6327  
TALLAHASSEE, FL 32314-6327

RE: UBR NOTICES

THIS LETTER IS TO VERIFY THAT SUNSHINE HERNANDO INVESTMENTS HAS NEVER RECEIVED ANY NOTICES REQUIRING US TO FILE ANY PAPER WORK OR UBR. OUR OFFICES MOVED IN OCTOBER OF 2001 AND OUR ADDRESS CHANGED ALONG WITH THAT MOVE. I APOLOGIZE FOR ANY INCONVENIENCE AND PLEASE ACCEPT THIS AS OUR LETTER FOR NOT RECEIVING UBR NOTICES.

BEST REGARDS,



JOHN M. STEFANSKI