

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000072865

1. Corporation Name

SUNSHINE TRUCKING OF AMERICA INC

2. Principal Office Address

649 NW 47TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

649 NW 47TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

Country

33064

Zip

Country

33064

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1124292

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

RAFAEL GARCIA

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

649 NW 47TH STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

Zip Code

FL

33064

100031973631
03/24/04--01042--006 **450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/10/04

B. 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
PRES	RAFAEL GARCIA	649 NW 47TH STREET	POMPANO BEACH, FL

REINSTATEMENT 03-04

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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]

RAFAEL GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2004

Date

786-368-7114

Daytime Phone #

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SUNSHINE TRUCKING OF AMERICA, INC
649 NW 47TH STREET
POMPANO BEACH, FL. 26179
TEL: 786-368-7114
FAX: 305-861-0084

March 23, 2004

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Fl. 32314

REF: Reinstatement
Federal I.D. Number 65-1124292
P01000072865

Recently I applied for a professional license and was declined because the State of Florida revealed that my corporation is inactive and was dissolved because an annual report was not received.

I did not realize that I had to file an annual report, and I never received any notification that I was obligated to do so.

Therefore, under these circumstances, I am requesting reinstatement and a waiver of penalty.

Enclosed is my check for \$ 450.00

Thank you for your anticipated cooperation.

Very truly yours


Rafael Garcia