

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073127

1. Corporation Name Sunshine Window Treat, INC.

2. Principal Office Address

8300 NW 45th Court

3. Mailing Office Address

8300 NW 45th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAuderhill FL

City & State

LAuderhill FL

Zip

33351

Country

US

Zip

33351

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

7/23/01

5. FEI Number

65-1132910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAIM ZALDET

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

8300 NW 45th Ct

Suite, Apt. #, Etc.

City

LAUDERHILL FL 33351

State  
FL

Zip Code

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 11/19/02

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
P.D.	ZALDETI, HAIM	8300 NW 45th Ct	LAUDERHILL FL 33351

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02  
Date

Daytime Phone #

12/16

November 19, 2002

Department of State  
Division of Corporations  
Tallahassee, FL 32314

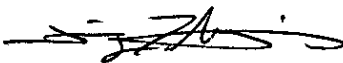
Subject: Sunshine Window Tint, Inc.  
Reinstatement

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2002 filing year. According to your records, you never received an annual report for our corporation. We never received any of the reports and did not know to file this report. Please accept our apologies for any inconvenience this may have caused. The address that was listed in Tallahassee was incorrect. The person who was hired to send the articles sent an incorrect address to your office. The address on the report read 46<sup>th</sup> Court and should have been 45<sup>th</sup> Court. None of the reports ever reached my office. If we had received it, we would have sent the \$150.00 immediately. This is our first time having a corporation and we did not intentionally mean to send the report late.

Please accept this check of \$150.00 for the annual report for 2002. Thank you very much for your cooperation.

Sincerely,



Haim Zaldeti  
President