

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 10 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081123

**1. Corporation Name**

Sunshine State Investment and Apartments, Inc.

REINSTATEMENT 03

05/02/03 90202 008 \$150.00

**2. Principal Office Address**

8945 Shindler Crossing Dr.  
Suite, Apt. #, etc.

**3. Mailing Office Address**

8945 Shindler Crossing Dr.  
Suite, Apt. #, etc.

**City & State**

Jacksonville, Florida

**City & State**

Jacksonville, Florida

**Zip**

32222

**Country**

Duval

**Zip**

32222

**Country**

Duval

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/13/01

**5. FEI Number**

59-3754856

**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**

Wajad Alli

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

8945 Shindler Crossing Drive

**Suite, Apt. #, Etc.**

**City**

Jacksonville

State  
**FL**

Zip Code  
32222

**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

Date

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
PD	Wajad Alli	8945 Shindler Crossing Dr.	Jacksonville/FL/32222
D	Mohmood Ali	712 Cedarwood Court	Orlando/FL/32828
V	Leonard Ali	712 Cedarwood Court	Orlando/FL/32828

**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:

*Wajad Alli*

Wajad Alli

(904) 757-9129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Florida 32314

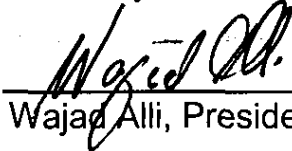
November 6, 2003

Attached please find the reinstatement form for  
SUNSHINE STATE INVESTMENT AND APARTMENTS, INC.,  
document # P01000081123. Per discussion with Tina  
in the Reinstatement Section, the corporation was recently  
administratively dissolved due to no response from the  
corporation's management. The annual report was returned  
for the E. I. N. (which is supplied herein)  
to "8207 Newport Road" in Jacksonville, where no one lives.  
The returned document was not received by the owners or  
management.

There is an amendment on file with the correct address at  
8945 Shindler Crossing Drive as of May 23, 2003.

Please waive the fees and accept this reinstatement form as  
the lack of response was beyond the control of the owner and  
management of the above named corporation.

Sincerely,

  
Wajad Alli, President