

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114297

1. Corporation Name

Sunfirst Properties, Inc.

2. Principal Office Address

1423 Robin St.

Suite, Apt. #, etc.

City & State

Auburndale, FL 33823

Zip

33823

Country

USA

3. Mailing Office Address

1423 Robin St.

Suite, Apt. #, etc.

City & State

Auburndale, FL 33823

Zip

33823

Country

USA

FILED

03 NOV 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100025231801
12/04/03--01027--012 **300.00

100025231801
12/04/03--01027--009 **8.75

REINSTATEMENT 203

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/01

5. FEI Number

59-3758477

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

Shawn Johnson

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

1423 Robin St.

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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

Shawn Johnson

REGISTERED AGENT MUST SIGN

Date 11/19/03

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	Shawn Johnson	1423 Robin St.	Auburndale, FL 33823
V	Darryl Johnson	1423 Robin St.	Auburndale, FL 33823
S, T	Connie Barbieri	1423 Robin St.	Auburndale, FL 33823

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:

Shawn Johnson

Shawn Johnson, President 11/19/03

Date

Daytime Phone #

888-559-2283