

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 29 PM 1:05

DOCUMENT # P02 0000 35998

1. Corporation Name

SUNSHINE FOOD CONSULT,  
INC.

2. Principal Office Address

3741 SANTA BARBARA 3741 SANTA BAR-

Suite, Apt. #, etc.

BOULEVARD

3. Mailing Office Address

3741 SANTA BARBARA 3741 SANTA BAR-

Suite, Apt. #, etc.

BARBARA BOULE-  
VARD

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

Zip

33914

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2002

5. FEI Number

593762077

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

LISA THOMPSON

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

6309 CORPORATE COURT 900059464069

Suite, Apt. #, Etc.

115

03/08/05--01063--007 \*\*900.00

City

FORT MYERS

State

FL

Zip Code

33919

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]*

Date 8/19/05

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
PRES	PETRA TIESSEN	3741 SANTA BARBARA BOULEVARD	CAPE CORAL, FL 33914

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]* PETRA TIESSEN

08-19-05

239-265-5991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)