

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000045565

1. Corporation Name

FLORIDA SUNSHINE MORTGAGE, INC.

2. Principal Office Address

4020 DEL PRADO

Suite, Apt. #, etc.

D2

City & State

CAPE CORAL

Zip

33904

Country

LEE

3. Mailing Office Address

1917 SW 51st ST

Suite, Apt. #, etc.

City & State

CAPE CORAL

Zip

33904

Country

LEE

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

4/25/02

5. FEI Number

81-0549068

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JANIE W. WILDER

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

1917 SW 51st STREET

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

Janie W. Wilder
REGISTERED AGENT MUST SIGN

Date

10/20/03

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	MORA BITO, RONALD, SR.	17601 S. OAK PARK AVE	TINLEY PARK, IL 60477
V	WILDER, JANIE W.	1917 SW 51 st ST.	CAPE CORAL, FL 33904
T.	OLIVE, TINA M.	3731 SE 2 nd PLACE	CAPE CORAL, FL 3304
S.	CREMIN MARY O.	10344 S FAIRFIELD	CHICAGO, IL 60655

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: Janie W. Wilder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

239-945-4100

Daytime Phone #

CR2E081 (10/02)

florida sunshine mortgage
4020 del prado
cape coral, fl 33904

Request taken by: jshivers
10-14-2003

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314



Florida Sunshine Mortgage Inc.

Let us be the key to your success!

4020 Del Prado Blvd. S., Suite B-2
Cape Coral, FL 33904
239-945-4100
Fax: 239-945-3625

9148 Bonita Springs Road, # 203
Bonita Springs, FL 34135
239-949-9933
Fax: 239-949-5525

October 20, 2003

Uniform Business Report
Division of Corporations
P O BOX 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Per our phone conversation enclosed please find Corporation Reinstatement and check for \$150.00. We ask at this time the penalty be abated due to the fact that we never received our corporate renewal.

If more information is needed please contact us at your earliest convenience.

Sincerely,

Janie W. Wilder

MOL:mol