

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000071024

1. Corporation Name

Sunshine Investments of Sarasota,
Inc.

2. Principal Office Address

1852 Woodhaven Cir

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

Sarasota

3. Mailing Office Address

1852 Woodhaven Cir

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

Sarasota

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Kristie L. Tonitis

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

1852 Woodhaven Cir

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

800027524698

01/23/04--01060--014 **300.00

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

Kristie L. Tonitis

REGISTERED AGENT MUST SIGN

Date

1/21/04

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
VP	Edward D. Tonitis	1852 woodhaven Cir	Sarasota, FL, 34232

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:

Kristie L. Tonitis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/04 941 379-0085

Daytime Phone #

CR2001 (10/02)

Case: 2003 ML 002375 NC
DATE: 10/16/2003
BY: HANLCRET

203

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

2003 ML 002375 NC



(STATE FILE NUMBER)

STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy
of pages 1 through 1 of the instrument filed in
this office. The original instrument filed contains 1
pages.

☒ This copy has no redactions. ☐ This copy has been
redacted pursuant to law.

Witness my hand and official seal this 21st day of

October, 2003
KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT

By: [Signature]
Deputy Clerk

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) EDWARD DREW TONITIS			2. DATE OF BIRTH (Month, Day, Year) 07/02/1969		
3a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		3b. COUNTY SARASOTA		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) NEW JERSEY		5a. BRIDE'S NAME (First, Middle, Last) KRISTIE LYN SWANSON		5b. MAIDEN SURNAME (if different) BIANCHE	
6. DATE OF BIRTH (Month, Day, Year) 06/27/1979		7a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		7b. COUNTY SARASOTA	
7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) FLORIDA			

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/17/2003	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>[Signature]</u>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/17/2003	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE SARASOTA		18. DATE LICENSE ISSUED 10/17/2003		18a. DATE LICENSE EFFECTIVE 10/16/2003	
19. EXPIRATION DATE 12/16/2003		20a. SIGNATURE OF COURT CLERK OR JUDGE <u>[Signature]</u>		20b. TITLE KAREN RUSHING, CLERK CIRCUIT COURT	
20c. BY D.S. <u>[Signature]</u>					

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 18 October, 2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE SARASOTA, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>[Signature]</u>		23c. ADDRESS (Of person performing ceremony) 1214 EAST AVE. SOUTH, SUITE 304, SARASOTA, FL 34234	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) William M. ELROD, Ph.D., Ed.D., LLC Commissioned Minister		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 589-26-1034	27. RACE White	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 12/16/1999
BRIDE	30. SOCIAL SECURITY NUMBER 591-94-4044	31. RACE White	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 10/10/2002

3/3

1/21/2004

Florida Department of State
Secretary of State
Division of Corporations

To Whom It May Concern:

Please let this letter serve as explanation of the following. Approximately three months ago I spoke with an employee of the Division of Corporations via telephone to change the address of the corporation and receive the Uniform Business Report to the new address. Unfortunately the documentation was never received at the appropriate address. I spoke with an employee at the Department again today and they said the appropriate action to take would be to write this letter explaining this situation and include a check for \$300.00 to pay the fees for 2003 and 2004. I hope this is sufficient. I have also included the new address of the corporation on the Reinstatement form, as well as my certificate of marriage which will account for the change of my last name. I am looking forward to transacting business within the corporation as soon as possible. Thank you very much for your cooperation.

Sincerely,


Kristie L. Tonitis