

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 02000109826**
1. Corporation Name
Sunshine Real Estate Acquisition, INC

REINSTATEMENT 08-10

600181436896
05/27/10--01048--015 **450.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #
12925 SW 132 ST
Suite, Apt. #, etc.
Unit 4 Bldg 7
City & State
Miami, Florida
Zip
33186 Country
USA

3. Mailing Office Address
SAME AS PRINCIPAL
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
10/10/2002

5. FEI Number
76-0716607 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
Ricardo L LORENTE
Street Address (P.O. Box Number is Not Acceptable)
12925 SW 132 ST
Suite, Apt. #, Etc.
Unit 4 Bldg 7
City
Miami State
FL Zip Code
33186

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **5/24/2010**
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	RICARDO LORENTE	PO BOX 560566 v	Miami, FL 33256
V.PRES	ELIZABETH LORENTE	PO BOX 560566	Miami, FL 33256

25/28

10. E-mail Address: **rllorente4@hotmail.com**
(To be used for future annual report notification)

11. 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. I further certify, 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: **Ricardo L LORENTE** Date **5/24/2010** Daytime Phone # **305-970-6906**