

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR "
REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000116084

1. Corporation Name

SUNSHINE SNACKS 'N' SODAS, INC.

Principal Place of Business

Mailing Address

4802 JANICE AVE ORLANDO FL 32902 - -1802-JANICE AVE ORLANDO FL 32903 -

FILED

03,0CT 27 AM 10:33

SECREJARY OF STATE TALLAHASSEE, FLORIDA

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If above a	addresses are incorrect in any way, line thr	ough incorrect in	nformation a	and enter c	orrection b	elow.	U 615-60'		7 1 5	8.61 A	<u>U S</u>		
New Principal Office Address, If Applicable     3. New Maili				ing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     10/29/2002					
Suite, Apt. #, etc.  113 SUNR 15E Rd Suite, Ap.  City & State  DA Ven port FL City & St.			tate Divid				5. FEI Number Applied For Not Applicable						
Zip 3:	3837 Country USA	Zip		Country	<del></del>		CERTIFICATE	OF STATUS DESI			nal Fee required cate of Status		
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonpro	fit corporat	ions must	list at lea	st 3 directors)						
Title(s)	Name of Officers and/or Directors		3		et Address cer and/or	Director		4	City / St	ate / Zip			
PST	MOORE, DAVID	1802 JANICE AVE /13 SUWRISE				JRISE Rd	ORLANDO FI DA VET	32803 1 PORT	FL	33837			
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							<b>90</b> 10/27/	<b>0024</b> 030112	1 <b>804</b> 5017	<b>68</b> **150.	. 00		
-													
-										•			
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent						
SMITH LINDA				Name DAVID MOORE									
1802 JANICE AVE ORLANDO FL 32803				, in	Suite, Apt. #, Etc.								
			=	City	AVE	n port		State	Zip Cod	e 3837			

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 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.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

SIGNATURE

Signature of Registered Agent

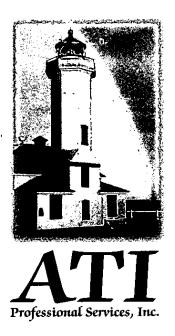
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/14/03

407-729-7283

Daytime Phone #



October 22, 2003

Florida Department of State Annual Report PO Box 6327 Tallahassee, FL 32314

RE: Sunshine Snacks N Sodas, Inc

Attn: Barbara

As per our telephone conversation, this office never received any notification regarding the past due status of this taxpayer. In addition, the notice we are returning to you was received on October 8<sup>th</sup>, 2003 indicating a dissolution date of September 19<sup>th</sup>, 2003.

Based on this delayed notice from the State of Florida, we believe we qualify to have the reinstatement fee waived. We have enclosed our check for the annual registration fee of \$150.00 following your instructions to do so.

Should you have any further questions, please do not hesitate to call this office as we are most familiar with the above account.

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Sincerely,

Linda D Smith

distribution to the property

email: cnielsen@money-mgt.com • lsmith@money-mgt.com