

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

sunshine state property management, inc

2. Principal Office Address

5901 s.w. 74th street

Suite, Apt. #, etc.

c/o r.g.covington #402

City & State

south miami, florida

Zip

33143

Country

usa

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida 12/3/2002

5. FEI Number

72-1547158

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

robert g. covington,

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

5901 sw 74 th street

Suite, Apt. #, Etc.

#402

City

South Miami

State  
FL

Zip Code  
33143

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

REGISTERED AGENT MUST SIGN

Date 2/27/2004

9. Names and Street Addresses of Each Officer and/or Director (For-profit 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
D/P	james e powell	3520 grand ave ste 4	miami fla 33133
DST	WILBERT GRAHAM	3640 day Ave	miami, fla. 33133
DV	ANTHONY SODEEN	10330 NW 25 AVE	MIAMI, FLORIDA 33147
DV	MERCEDES WALTERS	5551 NW 188 STREET	OPA LOCKA, FLORIDA 33055

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.

Anthony Sodeen, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-March-'03

786-277-3968

Date

Daytime Phone #

FILED

04 MAR 10 AM 8:43

FLORIDA  
TALLAHASSEE, FLORIDA

CFR2001 (01/04)

Robert G. Covington, Esq.

Attorney and Counselor at Law

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5901 S.W. 74th Street, Suite 402, South Miami, Florida 33143

Phone: (305) 665-1721 Fax: (305) 665-4591

February 27, 2004

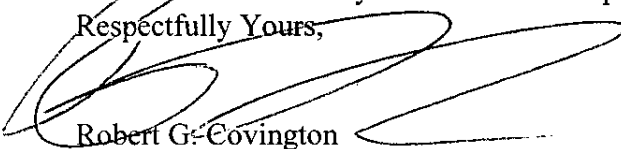
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Sunshine State Property Management, Inc.  
Document No.: P02000127494

Dear Sir:

Enclosed please find in accordance with the personnel in the Department of Reinstatement, the form completed and signed by my clients. In addition, enclosed is a check payable to the Florida Department of State, Division of Corporations for \$308.75. As indicated to us by the personnel in your Reinstatement Department on last Friday that this would be the amended fee. The computer shows that the notices were sent to the correct address but for reasons that are unbeknownst to us they were returned unopened.

Respectfully Yours,

  
Robert G. Covington  
RGC:bar

Enclosure: Corporate Reinstatement Check

RECEIVED  
FEB 28 2004  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA