

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT 23 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **Sunshine Sundries INC.**
P03000106960

300137210453
10/23/08--01025--007 **300.00

REINSTATEMENT
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
1826 Windermere Down PL

3. Mailing Office Address
1826 Windermere Down PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Windermere

City & State
Windermere

Zip Country
34786 US

Zip Country
34786 US

4. Date Incorporated or Qualified
To Do Business in Florida **9-29-03**

5. FEI Number
050587293

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
Dennis Kulonda

Street Address (P.O. Box Number is Not Acceptable)
1826 Windermere Down PI

Suite, Apt. #, Etc.

City
Windermere

State Zip Code
FL 34786

☒ The 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

Dennis Kulonda

REGISTERED AGENT MUST SIGN

Date **10/7/2008**

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	Dennis Kulonda	1826 Windermere Down PI	Windermere/FL/34786

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 contained in Chapter 119, 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:

Dennis Kulonda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/2008 407 532 6035

Date Daytime Phone #