

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 28 PM 12:05
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000132607**

1. Corporation Name

Sunshine POWER RESEARCH, INC.

400116247034
01/28/08--01043--007 **1200.00

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

11121 NW 71 ST

Suite, Apt. #, etc.

3. Mailing Office Address

11121 NW 71 ST

Suite, Apt. #, etc.

City & State

DORAL FL

City & State

DORAL FL

Zip

33178

Country

USA

Zip

33178

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/22/2004

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

MICHELLE G TORRES

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

11402 NW 41 ST

Suite, Apt. #, Etc.

SUITE 202

City

DORAL

State

FL

Zip Code

33178

☐ 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

Muk

REGISTERED AGENT MUST SIGN

Date **1/22/08**

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
P	ELIO H BONZALEZ	11121 NW 71 ST	DORAL FL 33178
VP	DEYSI E BONZALEZ	11121 NW 71 ST	DORAL FL 33178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elio H Bonzalez

Date

1/22/08 786-325-9500

Daytime Phone #