

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000136418	
1. Entity Name SUNSHINE OCEAN SAND MORTGAGE LENDERS, INC.	



FILED
06 FEB 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3061 NW 211TH STREET MIAMI, FL 33056	Mailing Address 3061 NW 211TH STREET MIAMI, FL 33056
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2. Principal Place of Business 14880 NW 27TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 14880 NW 27TH AVENUE Suite, Apt. #, etc.
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City & State MIAMI FLORIDA	City & State MIAMI, FLORIDA
Zip 33054	Country USA



4. FEI Number 55-0897014		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIMMONS, PATRICIA M 3061 NW 211TH STREET MIAMI, FL 33056		7. Name and Address of New Registered Agent Name PATRICIA M SIMMONS Street Address (P.O. Box Number is Not Acceptable) 14880 NW 27TH AVENUE City MIAMI, FLORIDA FL Zip Code 33054

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PATRICIA M SIMMONS *Patricia M Simmons* 02/09/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SIMMONS, PATRICIA M 3061 NW 211TH STREET MIAMI, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SIMMONS, PATRICIA M 14880 NW 27TH AVENUE MIAMI, FLORIDA 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	05-02-05 90560 009 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700066216957 02/20/06--01081--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>1/32/17</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M SIMMONS *Patricia M Simmons* 02/09/2006 954-394-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

February 09, 2006

To: Florida Department Of State
P.O. Box 1500
Tallahassee, FL 32302-1500

From: Sunshine Ocean Sand Mortgage Lenders, Inc.
14880 N.W. 27th Avenue
Miami, FL 33054

RE: D# P04000136418 / FEI 55-0897014

Dear Sir or Madam;

I did not receive prior notice requesting the companies
FEI number. The 2005 annual report was filed and paid. I
also sent in the FEI number.

Thank You

A handwritten signature in cursive script, appearing to read "Patricia Simmons".

Patricia Simmons
President