

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000094037

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** SUNSHINE CAREER INSTITUTE, INC.

**Current Principal Place of Business:**

6862 W ATLANTIC BLVD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6862 W ATLANTIC BLVD  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUCTANT, DUPERA  
MARGATE  
MARGATE, FL 33063      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MAZINCIA DUCTANT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      DUCTANT, DUPERA  
Address:                      6862 W ATLANTIC BLVD  
City-St-Zip:                      MARGATE, FL 33063

Title:                      D                      ( ) Delete  
Name:                      DUCTANT, MAZINCIA  
Address:                      6862 W ATLANTIC BLVD  
City-St-Zip:                      MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAZINCIA DUCTANT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

01/15/2009

\_\_\_\_\_  
Date