

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000016486</b> 1. Entity Name <b>SUNSHINE 2000 DEBRIS SERVICES, INC.</b>						<b>FILED</b> <b>07 OCT 11 AM 9:59</b> FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>31 OCEAN REEF DRIVE</b> <b>C302</b> <b>KEY LARGO, FL 33037 US</b>				Mailing Address <b>31 OCEAN REEF DRIVE</b> <b>C302</b> <b>KEY LARGO, FL 33037 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> <b>PERSAUD, SAMUEL A</b> <b>201 NORTH KROME AVENUE</b> <b>SUITE 200</b> <b>HOMESTEAD, FL 33030</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURKE, MITA M</b> <b>31 OCEAN REEF DRIVE, SUITE C302</b> <b>KEY LARGO, FL 33030</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>400110614844</b>  <b>10/11/07--01006--025 **150.00</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BURKE, JAMES E</b> <b>31 OCEAN REEF DRIVE, SUITE C302</b> <b>KEY LARGO, FL 33037</b>	<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	<b>S</b> <b>BURKE, MITA M</b> <b>31 OCEAN REEF DRIVE, SUITE C302</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>\$710/12</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BURKE, JAMES E</b> <b>31 OCEAN REEF DRIVE, SUITE C302</b> <b>KEY LARGO, FL 33037</b>	<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	<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	<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.							
<b>SIGNATURE:</b> <i>James Burke</i> <i>James Burke</i>				Date <i>10/11/17</i> Daytime Phone # <i>305-367-0054</i>			