


2007 FOR PROFIT CORPORATION REINSTATEMENT

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|--|---|--|--|--|---|---|--|
| DOCUMENT # P06000052102 1. Entity Name SONSHINE CLEANERS, INC. | | | |  | | FILED 07 OCT 17 PM 2: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 20340 NW 2ND AVE MIAMI, FL 33169 | | | | Mailing Address 20340 NW 2ND AVE MIAMI, FL 33169 | | | |
| 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 | | | |
| 6. Name and Address of Current Registered Agent CORBIN, DAVID 20340 NW 2ND AVE MIAMI, FL 33169 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 </div> <div></div> <div></div> </div> | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORBIN, DAVID 1921 SW 125TH AVE MIRAMAR, FL 33027 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700110914137 10/17/07--01083--021 **750.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORBIN, RHODA 1100 ST CHARLES PLACE PEMBROKE PINES, FL 33026 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$700/18 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORBIN, LAUNA 1921 SW 125TH AVE MIRAMAR, FL 33027 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RILEY, FAITH 16347 NW 8TH DR PEMBROKE PINES, FL 33028 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |
| <small>Date Daytime Phone #</small> | | | | | | | |