

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 PH 2:43

DOCUMENT # **P06000123509**

1. Corporation Name

AMERICAN SUNSHINES, INC

600163210976
12/01/09--01016--013 **450.00

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

10286 NW 31 TRC

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2006

5. FEI Number

20-5596016

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

JULIANA PAMPLONA

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

10286 NW 31 TRC

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33172

☒ 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

x Juliana Pamplona

Date **11-23-09**

REGISTERED AGENT MUST SIGN

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.	JULIANA PAMPLONA	10286 NW 31 TRC.	DORAL, FL 33172

10. E-mail Address: **dmdo77@hotmail.com**

(To be used for future annual report notification)

11. 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. I further certify 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:

x Juliana Pamplona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-09

Date

Daytime Phone #

3054578725