

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000147522

1. Corporation Name

SUNSHINELIGHTING.COM INC.

REINSTATEMENT 08-10

200167768722
02/02/10--01012--026 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
3698 1/2 NW 16TH STREET

3. Mailing Office Address
3698 1/2 NW 16TH STREET

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/28/2006

5. FEI Number
205954097

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

PERRY EPSTEIN

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

4846 NORTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33351

☒ 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

Perry Epstein
REGISTERED AGENT MUST SIGN

Date 01/27/2010

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	MORDECHAI KOHN	744 CLINTON STREET	BROOKLYN NY 11231
S	PERRY EPSTEIN	4846 NORTH UNIVERSITY DRIVE	LAUDERHILL FL 33351

2/3

10. E-mail Address: atabak@sunshinelighting.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:

Perry Epstein

Perry Epstein

01/27/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #