

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 FEB 26 AM 4:30

MAR 27 2017

L BERGER

DOCUMENT # P07000097726

1. Corporation Name

Sunshine Enterprises Inc.

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

2114 N. Halifax Av

Suite, Apt. #, etc.

3. Mailing Office Address

2114 N. Halifax Av

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/2007

5. FEI Number

51-0647376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolyn Sue Rudolph

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

2114 N. Halifax Ave.

Suite, Apt. #, etc.

City

Daytona Beach

State

FL

Zip Code

32118

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

Carolyn Sue Rudolph

REGISTERED AGENT MUST SIGN

Date

3/20/17

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	John Alan Rudolph	2114 N. Halifax Ave.	Daytona Beach, FL 32118
T	Carolyn Sue Rudolph	2114 N. Halifax Ave.	Daytona Beach, FL 32118
REINSTATEMENT			
2012-2017			

10. E-mail Address:

LiquidFast@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/17

Daytime Phone #