DEC-01-2009 15:20 P.02

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 DEC -1 PM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000091460

1. Corporation Name

Sunshine International of North Florida Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
421 East First St	421 East First St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32206 Country: USA	Zip: 32206 Country: USA

CR2E081 (12/08)

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida: 7/10/2007

5. FEI Number: 26-0501563 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd,

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee State: FL Zip Code: 32301-2960

☐ 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: _____ Mark Williams, A.V.P., Business Filings Incorporated Date: 11/30/09

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
Dir./ Pres/	Troy Marceaux	417 East First St.	Jacksonville, Florida 32206
VP/ Sec./			
Treas			

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: _____ Troy Marceaux, President 11-25-09 904-891-8624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B. Mitchell DEC 1 2009

TOTAL P.02

282

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
SUNSHINE INTERNATIONAL OF NORTH FLORIDA INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00