

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 15 PM 4:00

DOCUMENT # P94000047790

1. Corporation Name

SUNSHINE SUPER SEVEN, INC.

Principal Place of Business

Mailing Address

~~2001 SOUTH BAY DRIVE~~
~~200~~
~~BONITA SPRINGS FL 34134~~

~~2001 SOUTH BAY DRIVE~~
~~200~~
~~BONITA SPRINGS FL 34134~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
26811 South Bay Drive

3. New Mailing Office Address, If Applicable
26811 South Bay Drive

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1994

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

5. FEI Number

65-0516423

Applied For

Not Applicable

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34134

Country
U.S.A.

Zip
34134

Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAZELBAKER, LEIGH A	1100 OLD HENDERSON RD. 1661 Old Henderson Rd.	COLUMBUS OH 43220
AS	EVERETT, SHARON A	1100 OLD HENDERSON RD. 1661 Old Henderson Rd.	COLUMBUS OH 43220

3000004865653-0
-02/05/02-01016-010
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWNE, DAVID P
26811 SOUTH BAY DRIVE
BONITA SPRINGS FL 34134

Name
David P. Browne
Street Address (P.O. Box Number is Not Acceptable)
26811 South Bay Drive
Suite, Apt. #, Etc.
Suite 200

City
Bonita Springs

State
FL

Zip Code
34134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/7/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)