

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056575 (1)**

1. Corporation Name
SUNSHINE Enterprises of Orlando, Inc.
6464 E. Colonial Dr.
Orlando, Florida 32807

2. Principal Office Address
6464 E. Colonial Dr.

3. Mailing Office Address
same as office

Suite, Apt. #, etc.
City & State
Orlando FL

Suite, Apt. #, etc.
City & State

Zip Country
32807 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
07-29-1994

5. FEI Number Applied For
59-3261672 Not Applicable

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

00-02

08/100 90024 007-150.00

7. Name and Address of Current Registered Agent

Name
Luis O. Reyes
Street Address (P.O. Box Number is Not Acceptable)
6464 E. Colonial Dr.
Suite, Apt. #, Etc.
City
Orlando Florida

100006534681-8
-07/19/02--01064--019
******900.00 ****900.00**

State Zip Code
FL 32807

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
Luis O. Reyes

REGISTERED AGENT MUST SIGN

Date **6/19/02**

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
D	Reyes Luis O	378 SOUTHERN CHARM DR.	Orlando, Florida 32807

[Handwritten signature]

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 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: *Luis O. Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-18-02** Daytime Phone # **407-381-2265**

CR2E081 (9/01)