

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 12 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062359

1. Corporation Name
SUNSHINE STATE COMMUNICATION
SERVICES INC.

2. Principal Office Address

Suite, Apt. #, etc.

7915 SW 140 AVE

City & State

MIAMI, FL

Zip

33186

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 1503

City & State

MIAMI, FL

Zip

33152

Country

US

REINSTATEMENT

99-01

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 24-1994

5. FEI Number

65 007523

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

ALAN D. DEWEY

500003892755-9

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

22425 SW 182 AVE

03/22/01 01065-009

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

MIAMI FL 33170

State
FL

Zip Code

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

Alan D Dewey

Date 3-5-2001

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
<u>Pres</u>	<u>STEVEN DEWEY</u>	<u>7915 SW 140 AVE</u>	<u>MIAMI, FL 33186</u>

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

SL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

305-583-6614

Daytime Phone #

CR2E001 (9/99)