

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -2 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000005465

1. Corporation Name

SUNSHINE SNACKS AND BEVERAGE, INC.

Principal Place of Business

1650 WEST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

Mailing Address

P.O. BOX 7565
HOLLYWOOD FL 33061

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0550371

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BERK, ANDREW	2010 N. 47TH AVE.	HOLLYWOOD FL 33021
D	SILVER, LINDA	2010 N. 47TH AVE.	HOLLYWOOD FL 33021

8000002048548--0
-01/07/97--01112--014
***375.00 ***375.00

JB1-397

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HODKIN, PETER M
2200 WEST COMMERCIAL BLVD.
SUITE 302
FORT LAUDERDALE FL 33309

Name

Andrew Berk

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

2010 N. 47th Avenue

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Andrew Berk
REGISTERED AGENT MUST SIGN

Date 12/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Andrew Berk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/96 954-405-6242
Date Daytime Phone #

0122040 (7/96)