

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500002607**

**1. Corporation Name**

**Sunshine Water Company**  
5122 E. Fowler Ave  
Tampa, FL 33617

**2. Principal Office Address**

5122 E. Fowler Ave  
Tampa, FL 33617

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

Country  
Hills

**3. Mailing Office Address**

5122 E. Fowler Ave  
Tampa, FL 33617

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33617

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/19/95

**5. FEI Number**

59-3309273

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

Stephen Cross

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

5122 E. Fowler Ave

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33617

**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

Stephen Cross

REGISTERED AGENT MUST SIGN

Date

4/17/01

**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
VP	Stephen Cross	5122 E. Fowler Ave	Tampa, FL 33617

**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:

Stephen Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

813-263-7589

Daytime Phone #

CR2E081 (9/00)