

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC -1 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000052215**

1. Corporation Name

**SUNSHINE ENTERPRISES OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

5912 NEW KINGS ROAD  
JACKSONVILLE FL 32209

5912 NEW KINGS ROAD  
JACKSONVILLE FL 32209



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3326947

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	PATEL, C. D	5912 NEW KINGS ROAD	JACKSONVILLE FL 32209

700025129557  
12/01/03--01083--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, C D  
5912 NEW KINGS RD  
JACKSONVILLE FL 32209

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date

REGISTERED AGENT MUST SIGN

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:

*[Handwritten Signature]*

C. D. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

213-948-5737

Daytime Phone #

CR2E040 (7/03)

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

I am writing this letter to request reinstatement of my corporation without penalty and I am enclosing a check for the filing fee of \$ 150.00.

In January of 2003, my manager, Natverbhai Patel passed away. His death was of course unfortunate but also completely unexpected and as a result the management of the motel was in a state of confusion for several months. He was an excellent manager and handled all of the financial and tax matters for the corporation and his passing left a void that we have not been able to fill.

Our check records do show that a check was written for the \$ 150.00 filing fee but since you say that it was never received, I can only assume that it was not properly mailed and filed.

I am out of town on other business most of the time and I did not receive nor was I informed of the receipt of any of your prior notices regarding the UBR filing.

For these reasons, I respectfully request that you accept our application for reinstatement.

Sincerely:

C.D. Patel

11/20/03

C.D. Patel, President  
Sunshine Enterprises of Jacksonville, FL , P95000052215  
5912 New Kings Rd.  
Jacksonville, FL 32209

3512

DATE 3-1-03

jax-american motel

EMP NAME *Florida Dept of RW*

BAL FOR'D	REG PAY	REG HOURS	REG RATE	REG AMT	REG OVERTIME	REG OVERTIME RATE	REG OVERTIME AMT
	OVER TIME						
DEPOSITS	TOTAL EARN						
	F.I.C.A. TAX WITHHOLDING						
	MEDICARE TAX WITHHOLDING						
	FED WITH HOLDING TAX						
	STATE WITH HOLDING TAX						
TOTAL	TOTAL DEDUCTIONS						6.06
THIS CHECK	NET PAY						
BALANCE							

Comm Tot Feb 03  
 HARLAND XKB  
 STYLE B-13YN CKS 600 DTS 0

PERIOD ENDING

EMP NAME

REGULAR HOURS	REGULAR HOURS	REGULAR HOURS	REGULAR HOURS	REGULAR HOURS
OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS
TOTAL EARNINGS				
F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING
MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING
FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX
STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX
TOTAL DEDUCTIONS				
NET PAY				

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH BEFORE CASHING CHECK

3513

DATE 3/10/03

jax-american motel

EMP NAME *Maintenance Warehouse*

BAL FOR'D	REG PAY	REG HOURS	REG RATE	REG AMT	REG OVERTIME	REG OVERTIME RATE	REG OVERTIME AMT
	OVER TIME						
DEPOSITS	TOTAL EARN						
	F.I.C.A. TAX WITHHOLDING						
	MEDICARE TAX WITHHOLDING						
	FED WITH HOLDING TAX						
	STATE WITH HOLDING TAX						
TOTAL	TOTAL DEDUCTIONS						166.71
THIS CHECK	NET PAY						
BALANCE							

HARLAND XKB  
 STYLE B-13YN CKS 600 DTS 6

PERIOD ENDING

EMP NAME

REGULAR HOURS	REGULAR HOURS	REGULAR HOURS	REGULAR HOURS	REGULAR HOURS
OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS
TOTAL EARNINGS				
F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING
MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING
FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX
STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX
TOTAL DEDUCTIONS				
NET PAY				

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH BEFORE CASHING CHECK

3514

DATE 3/10/03

jax-american motel

EMP NAME *Florida Dept of State*

BAL FOR'D	REG PAY	REG HOURS	REG RATE	REG AMT	REG OVERTIME	REG OVERTIME RATE	REG OVERTIME AMT
	OVER TIME						
DEPOSITS	TOTAL EARN						
	F.I.C.A. TAX WITHHOLDING						
	MEDICARE TAX WITHHOLDING						
	FED WITH HOLDING TAX						
	STATE WITH HOLDING TAX						
TOTAL	TOTAL DEDUCTIONS						150
THIS CHECK	NET PAY						
BALANCE							

HARLAND XKB

PERIOD ENDING

EMP NAME

REGULAR HOURS	REGULAR HOURS	REGULAR HOURS	REGULAR HOURS	REGULAR HOURS
OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS	OVER TIME HOURS
TOTAL EARNINGS				
F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING	F.I.C.A. TAX WITHHOLDING
MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING	MEDICARE TAX WITHHOLDING
FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX	FED WITH HOLDING TAX
STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX	STATE WITH HOLDING TAX
TOTAL DEDUCTIONS				
NET PAY				

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH BEFORE CASHING CHECK

3515

DATE 3/18/03

jax-american motel

EMP NAME *Mobil Gas*

BAL. FWD		REG. PAY	
		OVER TIME	
DEPOSITS		TOTAL EARN	
		FICA TAX WITHHOLDING	
		MEDICARE TAX WITHHOLDING	
TOTAL		FED WITH HOLDING TAX	
THIS CHECK		STATE WITH HOLDING TAX	
BALANCE		TOTAL DEDUCTIONS	
		NET PAY	<i>145.43</i>

PERIOD ENDING

EMP NAME

REGULAR HOURS	
OVERTIME HOURS	
TOTAL EARNINGS	
FICA TAX WITHHOLDING	
MEDICARE TAX WITHHOLDING	
FED WITH HOLDING TAX	
STATE WITH HOLDING TAX	
TOTAL DEDUCTIONS	
NET PAY	<i>145.43</i>

HARLAND XKB STYLE B-13YN CKS.600 DTS 0

3516

DATE 3/10/03

jax-american motel

EMP NAME *N.K. PATR*

BAL. FWD		REG. PAY	
		OVER TIME	
DEPOSITS		TOTAL EARN	
		FICA TAX WITHHOLDING	
		MEDICARE TAX WITHHOLDING	
TOTAL		FED WITH HOLDING TAX	
THIS CHECK		STATE WITH HOLDING TAX	
BALANCE	<i>Jan 9</i>	TOTAL DEDUCTIONS	<i>17.49</i>
		NET PAY	

PERIOD ENDING

EMP NAME

REGULAR HOURS	
OVERTIME HOURS	
TOTAL EARNINGS	
FICA TAX WITHHOLDING	
MEDICARE TAX WITHHOLDING	
FED WITH HOLDING TAX	
STATE WITH HOLDING TAX	
TOTAL DEDUCTIONS	
NET PAY	

HARLAND XKB STYLE B-13YN CKS.600 DTS 0

3517

DATE 3/18/03

jax-american motel

EMP NAME *Mobile Gas*

BAL. FWD		REG. PAY	
		OVER TIME	
DEPOSITS		TOTAL EARN	
		FICA TAX WITHHOLDING	
		MEDICARE TAX WITHHOLDING	
TOTAL		FED WITH HOLDING TAX	
THIS CHECK		STATE WITH HOLDING TAX	
BALANCE		TOTAL DEDUCTIONS	
		NET PAY	<i>200.28</i>

PERIOD ENDING

EMP NAME

REGULAR HOURS	
OVERTIME HOURS	
TOTAL EARNINGS	
FICA TAX WITHHOLDING	
MEDICARE TAX WITHHOLDING	
FED WITH HOLDING TAX	
STATE WITH HOLDING TAX	
TOTAL DEDUCTIONS	
NET PAY	<i>200.28</i>

HARLAND XKB