

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000076729

1. Corporation Name

SUN SHINE FINANCIAL INC OF SOUTH FLORIDA

Principal Place of Business

1814 NORTH UNIVERSITY DRIVE
MERLE DE EXECUTIVE PARK
PLANTATION FL 33322
US

Mailing Address

1814 NORTH UNIVERSITY DR
MERLE DE EXECUTIVE PARK
PLANTATION FL 33324
US

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

2. Now Principal Office Address, If Applicable

3. Now Mailing Office Address, If Applicable

Suite, Apt. #, etc.

8235 N.W. 8th Court

City & State

Plantation, FL

Zip

33324

Country

AMERICA

Suite, Apt. #, etc.

8235 N.W. 8th Court

City & State

Plantation, FL

Zip

33324

Country

AMERICA

4. Date Incorporated or Qualified
To Do Business In Florida

10/06/1995

5. FEI Number

65-0612682

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	VASSELL, UTELLA	8235 NW 8 CT.	PLANTATION FL 33324
DV	DIXON, MARSHA	8235 NW 8 CT.	PLANTATION FL 33324

1000002634861--4
-09/09/98--01033--006
****900.00 ****900.00

9/14

REINSTATEMENT

97-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VASSELL, UTELLA
3800 SOUTH STATE ROAD 7, STE. 204
MIRAMAR FL 33023

Name

MARSHA DIXON

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

8235 N.W. 8th Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

MARSHA DIXON

REGISTERED AGENT MUST SIGN

Date

8/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

MARSHA DIXON / MARSHA DIXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/98

Date

(954) 723-0740

Daytime Phone #

CR2E040 (8/97)