

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 JAN 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000088814

1. Corporation Name

SUNSHINE COMMUNICATION INC

Principal Place of Business

Mailing Address

**3001 ALOMA AVENUE
WINTER PARK
ORLANDO FL 32792**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

593465373

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	MORON Paquero	3001 ALOMA AVENUE	ORLANDO FL 32792

100002746331-4
-01/20/99--01009--020
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

**MORON Paquero
2137 MAJORY CIRCLE
HAINES CITY FL. 33844**

9. Name and Address of New Registered Agent

Name **MORON**
Street Address (P.O. Box Number is Not Acceptable)
2137 MAJORY CIRCLE
Suite, Apt. #, Etc.
City **HAINES CITY** State **FL** Zip **33844**

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

REGISTERED AGENT MUST SIGN

Date **1.15.99**

11. This corporation owes 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)(l), 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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. MORON 1.15.99 14073990343

CR2E081 (12/98)