

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

98 FEB 16 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000054432**

1. Corporation Name
Sunshine Investment Limited, Inc.

Principal Place of Business Mailing Address
1380 Lenape Drive 1380 Lenape Drive
Miami, Lakes FL 33186 Miami, LKS, FL 33186

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

REINSTATEMENT

97-98

2. New Principal Office Address, If Applicable 1263 S.W. 130 Ave. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 1263 S.W. 130 Ave Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida July 15, 1996	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 65-0675467	
Zip 33184		Country Dade		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 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
P	Gonzalez Armando	1263 S.W. 130 Ave	Miami, FL 33184
V	Maria E. Rueda	1263 S.W. 130 Ave	Miami, FL 33184

600002434486--7
--02/18/98--01083--004
******908.75 ****908.75**

8. Name and Address of Current Registered Agent Gonzalez Armando 1263 S.W. 130 Ave Miami, FL 33184		9. Name and Address of New Registered Agent Name Maria E. Rueda Street Address (P.O. Box Number is Not Acceptable) 1263 S.W. 130 Ave Suite, Apt. #, Etc. Mi City Miami State FL Zip Code 33184	
--	--	--	--

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 **X [Signature]** REGISTERED AGENT MUST SIGN Date **2/10/98**

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: **X [Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/10/98** Daytime Phone #

CR2E040 (1/95)