

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -2 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057474

1. Corporation Name

"Sunshine Food, Corp."

Principal Place of Business

Mailing Address

838 N.E. Hollandale Beach Blvd.
Hollandale, FL 33009

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-6677170

Not Applicable

Zip

Country

Zip

Country

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)

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
DP	Evandro P. Castro	2501 S. Ocean Dr. #926	Hollywood, FL 33019
D.S.	Leandro Brun	2501 S. Ocean Dr. #926	Hollywood, FL 33019

800003070628--9
-12/15/99--01024--010
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Evandro P. Castro
2501 S. Ocean Dr. #926
Hollywood, FL 33019

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Evandro P. Castro

REGISTERED AGENT MUST SIGN

Date

11/23/99

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Evandro P. Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/99 (305) 323-8808

CR2000 (12/95)

2

Nov. 23, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

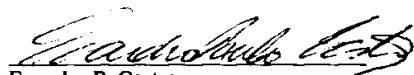
To Whom It May Concern:

Per instructions of the Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee 1999 with application.

Be advise that Sunshine Food Corporation with document number P96000057474 sent the filled annual report 1999 with its new named as Casa Brasil, Inc. on time, with a check numbered 2015 for the amount of \$150.00 which was never paid by the bank.

Attach to this letter Iam sending a copy of the filled annual report with its corresponding changes that were made and mailed to your office.

I will appreciate your help in this matter.



Evandro P. Castro
President