

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060394

1. Corporation Name

SUNSHINE MORTGAGE OF SOUTH FLORIDA, INC.

Principal Place of Business

1660 TRADE CENTER WAY
SUITE 5
NAPLES FL 34109

Mailing Address

1660 TRADE CENTER WAY
SUITE 5
NAPLES FL 34109

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



300008674259
10/29/02--01132--025 **150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0679420	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	CASARSA, JANE	1660 TRADE CENTER WAY	NAPLES FL 34109
V	HUMMEL, LORELEI	1660 TRADE CENTER WAY	NAPLES FL 34109
S	WILSON, LARRY	1660 TRADE CENTER WAY	NAPLES FL 34109

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CASARSA, JANE 1660 TRADE CENTER WAY, SUITE 5 SUNSHINE MGT NAPLES FL 34109		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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 [Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/22/02

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: [Signature] **SIGNATURE REQUIRED** E CASARSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/22/02 Daytime Phone # 239 596 2711

CR2E040 (8/02)



www.SunshineMortgage.net

October 23, 2002

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is to notify you that Sunshine Mortgage of South Florida, Inc. did not receive the two prior uniform business report notices.

Yours truly,

Jane Casarsa
President

Sunshine Mortgage of South Florida

1660 Trade Center Way, Suite 5 • Naples, Florida 34109 • (239) 596-2711 • Fax (239) 596-2701 • Toll Free (888) 271-3709
1412 Royal Palm Square, Suite 105, Fort Myers, Florida 33919 • (239) 277-3200 • Fax (239) 790-2555 • Toll Free (888) 271-3709