

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

PALE 0000097372
SUNSHINE COLLECTIBLES INC

FILED

98 FEB 19 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

555 SW 12th Ave
Suite 101, Pompano Beach
FLA. 33069

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

2. New Principal Office Address, If Applicable

SUNSHINE COLLECTIBLES

Suite, Apt. #, etc.

2771 OAKBROOK MAN.

City & State

Weston FL 33332

Zip

33332

Country

BROWARD

3. New Mailing Office Address, If Applicable

SUNSHINE COLLECTIBLES

Suite, Apt. #, etc.

2771 OAKBROOK MAN

City & State

Weston FL 33332

Zip

33332

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 25 1996

5. FEI Number

65-0732455

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)

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
V.P.	TODD	SUPNICK	2771	OAKBROOK MAN	Weston FL	33332
TRES.	MATTHEW	SUPNICK	2771	OAKBROOK MANOR	Weston FL	33332
PROS	ELLEN	SUPNICK	2771	OAKBROOK MANOR	Weston FL	33332
SEC.	MARK	SUPNICK	2771	OAKBROOK MANOR	Weston FL	33332

8. Name and Address of Current Registered Agent

J. JAY SIMONS
1222 SE 3RD AVE
FT LAUD. FL 33316

9. Name and Address of New Registered Agent

Name J. JAY SIMONS
Street Address (P.O. Box Number is Not Acceptable)
1222 SE 3RD AVE
Suite, Apt. #, Etc.
City FT LAUD. FL 33316
100002436201--3
02/20/98 01050-003
***919.00 ***915.00

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

(See other side for information
on intangible tax.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SUPNICK

Sec.

Date

Daytime Phone #

1/16/98 389 3910
954

CR2E040 (12/96)