

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY 24 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000096440

1. Corporation Name

SUNSHINE DRIVE SERVICE CORP.

2. Principal Office Address

10550 NW 77TH COURT

3. Mailing Office Address

10550 NW 77TH COURT

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

Zip

33016

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

04-06 RSC

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1997

5. FEI Number

65-0793192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BELTRAN, CARLOS

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

6310 N.W. 199TH LANE

800075559668

05/31/06--01033--004 \*\*450.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 05-23-2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	BELTRAN, MARIA S	6310 N.W. 199TH LANE	MIAMI, FL 33015
VPTD	BELTRAN, CARLOS	6310 N.W. 199TH LANE	MIAMI, FL 33015
D	BELTRAN, ALEJANDRO	6310 N.W. 199TH LANE	MIAMI, FL 33015

10. 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 contained in Chapter 119, 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

05-23-2006

Date

Daytime Phone #

292

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE 2004, 2005 & 2006 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



CARLOS BELTRAN  
VICE-PRESIDENT