

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 23 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009952

1. Corporation Name

SUNSHINE STATE MORTGAGE INVESTMENT CORPORATION

Principal Place of Business

9800 SW 155 AVE.
MIAMI FL 33196

Mailing Address

9800 SW 155 AVE.
MIAMI FL 33196

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

2. New Principal Office Address, if Applicable

1460 NW 107 AVE

3. New Mailing Office Address, if Applicable

SAME
as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

Zip

33172 Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1998

5. FEI Number

05-0908159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions for required
Filing of 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
D	LLAGUNO, JORGE A	9800 SW 155 AVE.	MIAMI FL 33196
D	LLAGUNO, LAZARA L	9800 SW 155 AVE.	MIAMI FL 33196
Na	Na	Na	Na
Na	Na	Na	Na
Na	Na	Na	Na

REINSTATEMENT 9911TS

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12/14/99 0929 009

\$750.00 ***\$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LLAGUNO, JORGE A
9800 SW 155 AVE.
MIAMI FL 33196

Name JORGE LLAGUNO

Street Address (P.O. Box Number is Not Acceptable)
9800 SW 155 AVE

Suite, Apt. #, Etc. MIAMI

City

State

FL

Zip Code

33196

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Jorge Llaguno

REQUIRED

Date 11/22/99

REGISTERED AGENT MUST SIGN

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:

Jorge Llaguno & Lazara Llaguno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/99 305 718-3848

Daytime Phone #