

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -8 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000030473**

**1. Corporation Name**

SUNSHINE VILLAGE MOBILE HOME PARK, INC.

**2. Principal Office Address**

7027 West Broward Boulevard

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

**3. Mailing Office Address**

7027 West Broward Boulevard

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/02/1998

**5. FEI Number**

650824767

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

300008889679  
11/08/02--01069--015 \*\*\*1058.75  
**REINSTATEMENT** 00-02

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

Name

JOHN HORN

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

7027 West Broward Boulevard

Suite, Apt. #, Etc.

City

Plantation

State  
**FL**

Zip Code

33317

**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

*John Horn*

REGISTERED AGENT MUST SIGN

Date 10-24-02

**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
PRES	JOHN HORN	1531 NW 124th Terrace, No. 106	Sunrise, FL 33323

**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 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:

*John Horn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 757-1905  
10-24-02

CR2E081 (9/01)

*js 11/15/02*