

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FOR THE DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:51

DOCUMENT # **P98000037690**

1. Corporation Name

SUNSHINE F.E.B., INC.

Principal Place of Business

1205 S WOODLAND BLVD
STE 3
DELAND FL 32720

Mailing Address

1205 S WOODLAND BLVD
STE 3
DELAND FL 32720



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

5. FEI Number

59-3511584

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BLECKSTONE, FREDERICK E	1205 S. WOODLAND BLVD	DELAND FL 32720

800003459718--9
-11/09/00--01117--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BLECKSTONE, FREDERICK E
1205 S. WOODLAND BLVD.
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00

Date

Daytime Phone #

904 740-0200

AD

2

KENTON A. SHEPHARD
CERTIFIED PUBLIC ACCOUNTANT
205 NORTH WOODLAND BLVD.
DELAND, FLORIDA 32720

TELEPHONE (904) 736-7200
FAX (904) 736-7202

OCTOBER 11, 2000


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

RE: DOCUMENT NO P98000037690

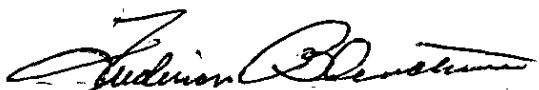
GENTLEMEN:

PER OUR TELEPHONE CONVERSATION OF TODAY, I AM ENCLOSING A CHECK
IN THE AMOUNT OF \$150.00 FOR THE ANNUAL FEE FOR A FLORIDA
CORPORATION. ALSO ENCLOSED IS AN APPLICATION FOR REINSTATEMENT.
THE ORIGINAL APPLICATION WAS MAILED IN APRIL OF THIS YEAR AND
THE CHECK HAS NOT CLEARED THE BANK. PLEASE WAIVE THE FEES
AND PENALTIES.

SINCERELY,



KENTON A. SHEPHARD, CPA



FREDERICK BLENCKSTONE, OWNER