

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 13 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041096

1. Corporation Name

SUNSHINE RARITIES, INC.

Principal Place of Business

1020 DELRAY LAKES DR
DELRAY BEACH FL 33444

Mailing Address

P.O. BOX 970054
BOCA RATON FL 33497

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4953 W. ATLANTIC AVE.

City & State

DeLray Beach, FL

Zip

33445

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1998

5. FEI Number

65-0851142

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

DEMPSEY, JAMES

1020 DELRAY LAKES DR

DELRAY BEACH FL 33444

S

PERICO, JILL

1020 DELRAY LAKES DR

DELRAY BEACH FL 33444

900008970009

11/13/02--01055--018 **150.00

8. Name and Address of Current Registered Agent

DEMPSEY, JAMES
1020 DELRAY LAKES DR
DELRAY BEACH FL 33444

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

James Dempsey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

James Dempsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02

Daytime Phone #

Traylor, Gratton, Beaumont & Kocielko, L.L.P.

A Partnership of Professional Associations
Certified Public Accountants

MAIN OFFICE:

1260 South Federal Highway, Suite 101
Boynton Beach, Florida 33435
Telephone 561.737.7900
Facsimile 561.737.7924

NORTH OFFICE:

4400 PGA Boulevard, Suite 700
Palm Beach Gardens, Florida 33410
Telephone 561.622.5355
Facsimile 561.776.8751

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Sunshine Rarities, Inc. – 65-0851142

Dear Sir or Madam:


We are the accountants for the above referenced corporation and have been asked to respond to the following matter.

It has just come to our client's attention that their corporation has been administratively dissolved due to non-filing of their 2002 annual report. Due to changes in bookkeepers and office location, the report filing was overlooked. We are respectfully requesting a one-time abatement of the reinstatement penalty. Enclosed please find a check in the amount of \$150.00.

We appreciate your attention in this matter.

Sincerely,

TRAYLOR, GRATTON, BEAUMONT & KOCIELKO, L.L.P.
Certified Public Accountants


Stacey L. Accardi, Partner