

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 13 PM 1:04

DOCUMENT #

P98000047261

1. Corporation Name

SUNSHINE GEAR INVESTMENTS CORP

200004035212--0

-04/20/01--01057--024

****900.00 ****900.00

2. Principal Office Address

3598 Yach club Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Tower I # 1401

Suite, Apt. #, etc.

City & State

AVENTURA - FL

City & State

Zip

33180

Country

USA - 1

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 2354705

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

Edisio BENICIO SAMPAIO

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

18407 W. Dixie Hwy

Suite, Apt. #, Etc.

City

North Miami Beach - FL

State

FL

Zip Code

33160

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

04-11-01

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Silvio Rui ALMEIDA | 3598 Yach club Dr Tower I # 1401 AI | AVENTURA FL 33180 |
| Secretary | Same as Above | Same | |
| Treasurer | Same as Above | Same as Above | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305.933.9313

FAX 305.933.5413

CR2E081 (9/00)