2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 16 AM 10:35

DOCUMENT # P98000097676

1. Entity Name
SUN SHINE MICA WOOD WORK, INC.

Principal Place of Business	Mailing Address
1700 NW 22 CT BAY #A 1 POMPANO BCH, FL 33069	1700 NW 22 CT BAY #A 1 POMPANO BCH, FL 33069

2. Principal Place of Business	3. Mailing Address
1700 N.W. 22 ct #1	SAME
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. SAME
City & State POMPANO Bch Florida	City & State
Zip 33069 County BROWARD	Zip County

10262004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0880624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, GERALDO 1700 NW 22 CT POMPANO BCH, FL 33069	Name GERALDO RODRIGUES Street Address (P.O. Box Number is Not Acceptable) 1700 N.W. 22 ct #1 POMPANO Bch City POMPANO BCh FL Zip Code 33069

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 10/26/04
Signature, typed or printed name of registered agent and title if applicable — Date
NOTE: Registered Agent signature required when reinstating

FILE NOW!!! Fee is $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUES-SOUSA, GERALDO	NAME	300042352523
STREET ADDRESS	1700 NW 22 CT BAY 1	STREET ADDRESS	11/01/04--01048--024 **150.00
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	300042352523
STREET ADDRESS		STREET ADDRESS	11/01/04--01048--025 **8.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/26/04
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

11/22 CO