

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103124

1. Corporation Name

SUNSHINE MANAGEMENT & RENTAL, INC.

Principal Place of Business

7852 W. IRLO BRONSON HWY.
KISSIMMEE FL 34747

Mailing Address

7852 W. IRLO BRONSON HWY.
KISSIMMEE FL 34747

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3545987

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	CLEMENTS, SHERRY	2901 LOTUS COURT	KISSIMMEE FL 34747

900008644639

10/23/02--01037--021 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

CLEMENTS, SHERRY
2901 LOTUS COURT
KISSIMMEE FL 34747

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

CR200-40 (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

Handwritten signature: Sherry Clements
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Handwritten signature: Sherry Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 407-396-7608



Phone 407-396-7608 or 800-208-2097
Fax 407-396-7609

7852 W. Irlo Bronson Hwy.
Kissimmee, Fl 34747

October 23, 2002

FL. Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To Whom it May Concern:

Please be advised that we have not received this UBR notice previously for this year. I have included the reinstatement form and a check for the \$150.00 fee with this letter.

Thank you for your time.

Sincerely,

Sherry Clements
President