

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

02 MAR -7 PM 4:00

DOCUMENT # P99000029396

1. Corporation Name

SUNSHINE DEPOT INC
HAO

2. Principal Office Address

1190 SUGAR SANDS BLVD

Suite, Apt. #, etc.

420

City & State

RIVIERA BEACH, FL

Zip

33404

Country

PALM BEACH

3. Mailing Office Address

1190 SUGAR SANDS BLVD

Suite, Apt. #, etc.

420

City & State

RIVIERA BEACH FL

Zip

33404

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/1999

5. FEI Number

65-0910107

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

MARY M. GRIEB

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

1190 SUGAR SANDS BLVD

Suite, Apt. #, Etc.

420

City

RIVIERA BEACH

State
FL

Zip Code

33404

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

Mary M Grieb
REGISTERED AGENT MUST SIGN

Date

3/4/02

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
<u>PRES</u>	<u>MARY M. GRIEB</u>	<u>1190 SUGAR SANDS BLVD 420</u>	<u>RIVIERA BCH FL 33404</u>
<u>TREAS</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>SEC</u>	<u>"</u>	<u>"</u>	<u>"</u>
			<u>AD</u>

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:

MARY M. GRIEB

Mary M Grieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
Date

561-848-7274
Daytime Phone #

CR2E081 (9/01)