

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 15 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061543

1. Entity Name
SUNSHINE WATER CONDITIONERS, INC.



Principal Place of Business
4802 DRIFT TIDE DRIVE
PORT RICHEY, FL 34668

Mailing Address
4802 DRIFT TIDE DRIVE
PORT RICHEY, FL 34668

REINSTATEMENT 09



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11102004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

Applied For

59-3069543

Not Applicable

Zip

Country

Zip

Country

34652

34652

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

BISAHA, DAVID A
3464 WEST RICHARD DRIVE
PALM HARBOR, FL 34683

Name
DAVID A BISAHA
Street Address (P.O. Box Number is Not Acceptable)

6424 W Richard DR
City
Weeki Wachee FL Zip Code
34607

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

David A Bisha

11-10-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME BISAHA, DAVID A
STREET ADDRESS 6434 WEST RICHARD DRIVE
CITY-ST-ZIP SPRING HILL, FL 34607 ☐ Delete

TITLE
NAME 6424 W. Richard DR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Weeki Wachee FL 34607

TITLE VP
NAME BISAHA, DEBRA A
STREET ADDRESS 6434 WEST RICHARD DRIVE
CITY-ST-ZIP SPRING HILL, FL 34608 ☐ Delete

TITLE
NAME 6424 W Richard DR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Weeki Wachee FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300042762233
11/15/04--01080--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

David A Bisha

11-10-04

Date

727.938-4144

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR