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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 8:40

DOCUMENT # P99000078365

1. Corporation Name

SUNSHINE DECK INC.

2. Principal Office Address

1030 CROSLY DRIVE

Suite, Apt. #, etc.

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

USA

3. Mailing Office Address

1030 CROSLY DRIVE

Suite, Apt. #, etc.

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

USA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/1999

5. FEI Number

593612689

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

JENNIFER GOGGIN

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

1030 CROSLY DRIVE

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

J. Goggin

REGISTERED AGENT MUST SIGN

Date 5/22/06

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
P	Edward Goggin	1030 CROSLY DRIVE	DUNEDIN, FLORIDA 34698

900076206789
05/14/06--01043--009 **450.00

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 contained in Chapter 119, 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:

J. Goggin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/06 727-239-0626

Date

Daytime Phone #

20/2

Sunshine Deck, Inc.
1030 Crosley Drive
Dunedin, Florida 34698

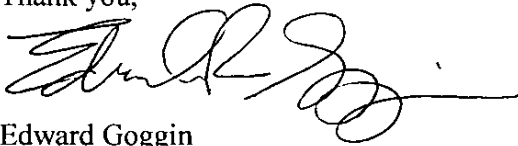
May 22, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Fed Id#59 3612689

To Whom It May Concern:

Sunshine Deck Inc. did not receive the annual report notice in the year of dissolution/revocation. Due to the non-receipt of this notice, I would like to have the reinstatement fee waived. I have enclosed a check in the amount of \$450.00 to reinstate the corporation.

Thank you,

A handwritten signature in black ink, appearing to read 'Edward Goggin', with a stylized flourish at the end.

Edward Goggin
President, Sunshine Deck