

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000082910**

1. Corporation Name

SUNSHINE STRUCTURES, INC.

Principal Place of Business

11547 CHARLIE'S TERRACE
FT. MYERS FL 33907

Mailing Address

11547 CHARLIE'S TERRACE
FT. MYERS FL 33907

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1999

5. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

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
D	JOHNSTON, THEODORE	1349 WALES DRIVE	FT. MYERS FL 33901
D	JOHNSTON, SANDRA K	1349 WALES DRIVE	FT. MYERS FL 33901
D	GURGIO, JOHN A	P.O. BOX 01986	FT. MYERS FL 33906

8. Name and Address of Current Registered Agent

~~WHITE, JOHN P~~
PARRISH, WHITE, LAWHON & MOORE
2171 PINE RIDGE ROAD
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name

~~THEODORE JOHNSTON~~

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

11547 CHARLIE'S TERRACE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33907

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

Nov. 28, 2001

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 28, 2001
Date

941.936.6627
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:10



REINSTATEMENT 01

CR2E040 (8/01)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) SUNSHINE STRUCTURES, INC	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 11547 CHARLIE'S TERRACE	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code FORT MYERS, FL 33907	5b City, state, and ZIP code
	6 County and state where principal business is located LEE COUNTY, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► THEODORE JOHNSTON	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input checked="" type="checkbox"/> Other (specify) ► CORPORATION | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► 11/27/01	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Other (specify) ►	

10 Date business started or acquired (month, day, year) (see instructions) 11/30/01	11 Closing month of accounting year (see instructions) 12/31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural <input checked="" type="checkbox"/>	Agricultural <input type="checkbox"/>	Household <input type="checkbox"/>
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14 Principal activity (see instructions) ► MASONRY & CONCRETE SUBCONTRACTOR
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► ERNEST A. STUART VP	Business telephone number (include area code) (941) 936-6627
	Fax telephone number (include area code) (941) 936-6952

Signature ► Ernest A Stuart	Date ► 11/26/01
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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