


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000097911

1. Corporation Name

SUNSHINE DEVELOPMENT SERVICES, INC.

Principal Place of Business

6813 WESTLAKE BLVD
ORLANDO FL 32810

Mailing Address

6813 WESTLAKE BLVD
ORLANDO FL 32810

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

11/05/1999

5. FEI Number

59-3607670

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
VSD	ELLIS, RICHARD D	6813 WESTLAKE BLVD	ORLANDO FL 32810
PTD	DONOVAN, JAMES M	6813 WESTLAKE BLVD	ORLANDO FL 32810
VSD	ELLIS, RICHARD D	1108 PLANTATION LAKE CIRCLE	SAN FORD, FL 32771

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-12/31/01--01040--021
****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~ELLIS, MELINDA L~~
~~1021 PROVIDENCE LANE~~
~~OVIEDO FL 32765~~

9. Name and Address of New Registered Agent

Name
RICHARD D. ELLIS
Street Address (P.O. Box Number is Not Acceptable)
1108 PLANTATION LAKE CIRCLE
Suite, Apt. #, Etc.
City
SAN FORD
State
FL
Zip Code
32771

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

Richard D. Ellis

Date 12/19/01

REGISTERED AGENT MUST SIGN

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:

James M. Donovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01 407-293-6459

Date Daytime Phone #