

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S17500**

1. Corporation Name

**SUNSHINE APPAREL, OF SARASOTA INCORPORATED**

Principal Place of Business

1610 NORTH GATE BL  
SARASOTA FL 34204  
US

Mailing Address

1610 NORTH GATE BL  
SARASOTA FL 34204  
US

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

2. New Principal Office Address, If Applicable

**8251 15TH STREET EAST**

Suite, Apt. #, etc.

**SUITE H**

City & State

**SARASOTA, FL**

Zip  
**34243**

Country

**USA**

3. New Mailing Office Address, If Applicable

**8251 15TH STREET EAST**

Suite, Apt. #, etc.

**SUITE H**

City & State

**SARASOTA, FL**

Zip

**34243**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/26/1990**

5. FEI Number

**65-0307664**

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	GEVERD, EMIL M	5328 BIMINI	BRADENTON FL
<del>D</del>	<del>GEVERD, VIRGINIA G</del>	<del>5328 BIMINI</del>	<del>BRADENTON FL</del>
D	HUFFMAN, CHARLES J.	730 STONER DRIVE	ANDERSON, IN 46013
D	HUFFMAN, TIMOTHY D.	1932 WOOD HOLLOW LANE	SARASOTA, FL 34235
D	KLASS, MARJORIE T.	1910 CORAL TREE COURT	BRANDON, FL 33511

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8. Name and Address of Current Registered Agent

**GEVERD, EMIL M.**  
**5328 BIMINI**  
**BRADENTON FL 34210**

9. Name and Address of New Registered Agent

Name  
**TIMOTHY D. HUFFMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1932 WOOD HOLLOW LANE**  
Suite, Apt. #, Etc.

City  
**SARASOTA**

State  
**FL**

Zip Code  
**34235**

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

*Timothy D. Huffman*  
REGISTERED AGENT MUST SIGN

Date **10/13/99**

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:

*Timothy D. Huffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/13/99**

Daytime Phone #