

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S47415

1. Corporation Name
SUNSHINE SPORTSWEAR, INC.

2. Principal Office Address
PO BOX 4236

Suite, Apt. #, etc.

City & State
DEERFIELD BCH, FL

Zip
33442-4236

Country

3. Mailing Office Address
PO BOX 4236

Suite, Apt. #, etc.

City & State
DEERFIELD BCH, FL

Zip
33442-4236

Country

4. Date Incorporated or Qualified
To Do Business in Florida **04/22/1991**

5. FEI Number
65-0268983

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

100007899811--8
-09/20/02--01065--017
****450.00 ****450.00

7. Name and Address of Current Registered Agent

Name
Richards, Grant

Street Address (P.O. Box Number is Not Acceptable)
3780 NE 4TH AVE

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33334

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

REGISTERED AGENT MUST SIGN

Date **9.15.02**

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
PD	Richards, Grant	3780 NE 4TH AVE	FORT LAUDERDALE, FLORIDA 33334

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9.15.02

954.566.184
9.15.02