

B 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 30 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47415

1. Corporation Name

SUNSHINE SPORTSWEAR, INC.

1041 NW 31 AVE

2. Principal Office Address

1041 NW 31 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33069

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 4-29-1991

5. FEI Number

65-0268983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

STEVEN C KLEIN

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

11776 W SAMPLE RD

Suite, Apt. #, Etc.

105

City

CORAL SPRINGS

State
FL

Zip Code
33065

FL

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

Date 5-9-04

REGISTERED AGENT MUST SIGN

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
MGR	GRANT RICHARDS	5980 GATESBY ST	BOCA RATON, FL 33433

700043725157
12/30/04 01013-018 **300.00

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 under section 119.07(3)(l), 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 #

5/9/04

954 345 3696

CR2E081 (01/04)

B 2 72

SUNSHINE SPORTSWEAR INC.
1041 NW 31 AVE
POMPANO BEACH, FL 33069

December 6, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327


Re: Sunshine Sportswear Inc.
ID#: 65-0268983

Dear Sir or Madam:

The above corporation has been dissolved per your records due to non-payment of a uniform business report for years 2003 and 2004. I have never received any forms from you and was unaware this was due. This could be due to the fact that I have moved from my previous address and now have a new address as noted on the reinstatement form

I am asking you to waive the penalties on this. I have enclosed a check for \$300.00 for the 2003 and 2004 report.

Thank you for your consideration.


Grant Richards