

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1082

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Catherine E. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 10 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82053

1. Corporation Name

SUNSHINE DESIGN, INC.

2. Principal Office Address

3155 N 39TH STREET

Suite, Apt. #, etc.

1

City & State

HOLLYWOOD, FL

Zip

33021

Country

US

3. Mailing Office Address

2514 HOLLYWOOD BLVD

Suite, Apt. #, etc.

508

City & State

HOLLYWOOD, FL

Zip

33020

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0290067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

NALCOLM RESNICK

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

3155 N 39TH STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

800003536728--5

-01/16/01--01009-028

****150.00 **** 50.00

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

N. Resnick

REGISTERED AGENT MUST SIGN

Date 12/12/00

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
PT	RESNICK, NAELINE	3155 N 39TH ST	HOLLYWOOD, FL 33021
VPS	RESNICK, NALCOLM	3155 N 39TH ST	HOLLYWOOD, FL 33021

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:

N. Resnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/00

Date

Daytime Phone #

CR2E081 (9/99)

292

December 12, 2000

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Sunshine Design, Inc.

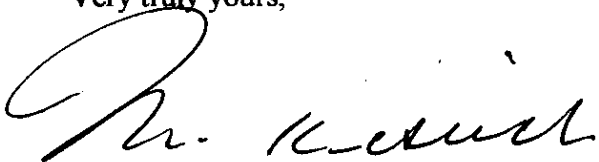
To Whom It May Concern:

Please be advised that the above-mentioned Company changed its mailing address during the course of 2000, accordingly, we did not receive any notices or forms at either the old or new address regarding the filing of the Corporate Annual Report.

Enclosed please find a check in the amount of \$150 for payment of the annual registration fee. We further respectfully request that you waive the assessed late fees.

We apologize for any inconvenience caused and thank you for your understanding in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "R. K. Smith", written over a horizontal line.

Registered Agent