

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 3:54

DOCUMENT # V09393

1. Corporation Name

SUNSHINE APPAREL, INCORPORATED

Principal Place of Business

Mailing Address

4610 NORTHGATE BL
SARASOTA FL 34234-
US

1610 NORTHGATE BL
SARASOTA FL 34234-
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

3. New Mailing Office Address, If Applicable

8251 15TH STREET EAST

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

SUITE H

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34243

Country

USA

Zip

34243

Country

USA

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1992

5. FEI Number

65-0503497

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GEVERD, EMIL M.	5328 BIMINI	BRADENTON FL 34210
D	GEVERD, VIRGINIA G.	5328 BIMINI	BRADENTON FL 34210
D	GEVERD, BRIAN M.	7813 THE PLAZA	BRADENTON FL
D	GEVERD, HEIDLI H.	7813 THE PLAZA	BRADENTON FL
D	HUFFMAN, CHARLES J.	730 STANER DR	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

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

REGISTERED AGENT MUST SIGN

Date 10/12/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (6/99)