

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V09393

1. Corporation Name

SUNSHINE APPAREL, INCORPORATED

Principal Place of Business

8251 15TH STREET EAST  
SUITE H  
SARASOTA FL 34243  
US

Mailing Address

8251 15TH STREET EAST  
SUITE H  
SARASOTA FL 34243  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip  |
|---------------|---|--|--|
| D             | HUFFMAN, CHARLES J                        | 730 STONER DR  | ANDERSON IN 46013 <del>DELETE</del>                            |
| D             | HUFFMAN, TIMOTHY D                        | 1932 WOOD HOLLOW LANE<br>5025 HWY 301 N                | SARASOTA FL 34235 <del>NEW ADDRESS</del><br>ELLENTON, FL 34222 |
| D             | KLASS, MARJORIE T                         | 1910 CORAL TREE COURT                                  | BRANDON FL 33511 <del>DELETE</del>                             |
|               |   |  | 600008596806<br>10/25/02--01081--012 **758.75                  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

HUFFMAN, TIMOTHY D  
1932 WOOD HOLLOW LANE  
SARASOTA FL 34235

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ELLENTON

FL

34222

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Timothy D. Huffman*  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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

Daytime Phone #

10/23/02

941  
351-3308  
x241