

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 22 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Great Sunflower Corp.

853990

200022620932
08/23/03--01003--014 **2250.00

2. Principal Office Address

Comosa Building Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Samuel Lewis

Suite, Apt. #, etc.

City & State

Panama 5, Rep. De Panama

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2178699

☒ Applied For
☐ Not Applicable

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

REINSTATEMENT 93-03

7. Name and Address of Current Registered Agent

Name **Anamaria Mainegra**

Street Address (P.O. Box Number is Not Acceptable) **8150 SW 8th Street**

Suite, Apt. #, Etc. **Suite 203**

City **Miami**

State
FL

Zip Code
33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8-15-03**

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
P/D	Ramon R Benedetti	Comosa Bldg. Ave. Samuel Lewis	Panama 5, Rep. De Panama
VP/D	Eloy Benedetti	Comosa Bldg. Ave. Samuel Lewis	Panama 5, Rep. De Panama

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

[Signature] Attorney **8-15-03 305-374-0056**

Date

Daytime Phone #

CR2E081 (10/02)

7/ 8/22