## PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FERM.

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LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	A SEC PAR	OLOCI IS PAIN. 32
DOCUMENT # A9700001786  1. Name of Limited Partnership SUNSHINE FOLIAGE WORLD, LTD.		M	PA 1:32
2. Principal Office Address 2060 STEVE ROBERTS SPEC	3. Mailing Office Address POBOX 328	Date Formed or Registered    To Do Business in Florida,	-20-1997
	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	59-1817503 <b>6.</b>	Not Applicable
ZOLFO SPRINGS, FL	ZOLFO SPRINGS, FL	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
Zip Country 33890	Zip Country 33890	7a. Capital Contributions as shown on	10,000.00
8. Name and Address of C		7b. Amount of Capital Contributions in	10,000.00
Name EDWARD W LAMBERT		FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning	
Street Address (P.O. Box Number is Not Acceptable) 2721 BAILES RD			
Suite, Apt. #, Etc.		with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for s	
City ZOLFO SPRINGS	State Zip Code FL 33890	Note: If the amount entered in 7b is on 7b, a supplemental affidavit must be and appropriate filing fee.	
9. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)	Edual W Fed	DATE	93904
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
SUNSHINE FOLIAGE WORLD, INC.		DLFO SPRINGS, FL 890	P97000053058
2003-2004 400042016914 10/20/04-01046-003 ***317.50			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or			
trustee empowered to execute this report as required by	y Chapter 620, Florida Statutes.	1_ /	270174

Telephone Number \_

Typed or Printed Name of General Partner Signing Form \_

A 4700001786

Manley & Associates, CPA's, P.A.

203 South Seventh Avenue, Wauchula, Florida 33873

863.773.6768 Fax: 863.773.4578

Certified Public Accountants

O4 OCT 15 PM 4: 3

October 13, 2004

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

Dear sir or madam,

Following is a reinstatement forms for Sunshine Foliage World, Inc., Sunfoliage Foliage World, Ltd. and Sunshine Foliage Enterprises, Ltd..

The officers and registered agent cannot explain why the forms were not filed. Confusion related to office changes and relocations and office employee changes might be the answer. However, the lack of filing the forms was an innocent oversight of the company. We respectfully request the reinstatement fee of \$600.00 and limited partnership penalty fees be waived and the enclosed checks be accepted for the reinstatements. We apologize for the inconvenience caused by this innocent oversight.

Thank you for your consideration in this matter.

Sincerely yours,

Michael D. Manley, CPA