LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	TE 04 OCT 15 PM 4: 36 TALLAHASSEE OF STATE MULAHASSEE OF STATE	
DOCUMENT # A99000002 I. Name of Limited Partnership SUNSHINE FOLIAGE ENTER		SSEE. FLORIDA	
2. Principal Office Address 2060 STEVE ROBERTS SPE(	3. Mailing Office Address P O BOX 328	4. Date Formed or Registered To Do Business in Florida 12/31/1999	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied	
City & State	City & State	65-0975415 Not Appl 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee f	equired
ZOLFO SPRINGS, FL	ZOLFO SPRINGS, FL	for a Certificate of S	tatus
Zip Country 33890	Zip Country 33890	500,000.0	00
8. Name and Address of	Current Registered Agent	<b>7b.</b> Amount of Capital Contributions in FLORIDA to date: 500,000.00	
uite, Apt. #, Etc.	State Zip Code	<ol> <li>Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginn with 1992 calendar year.</li> <li>Penalty Fee(s): \$500 penalty fee for <u>each year report form is detin</u> Note: If the amount entered in 7b is greater than amount entered 7a, a supplemental affidavit must be submitted along with a separa and appropriate filing fee.</li> </ol>	in in ate
for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of se	ered agent, or both, in the State of Florida. Such change taction 620, 192, Florida Statutes.	ip organized or registered under the laws of the State of Florida, submits this statem the authorized by its peneral partner(s). I hereby accept the appointment of register Accept the appointment of register DATE	red
	S A CORPORATION, LIMITED BE REGISTERED AND ACTIV	PARTNERSHIP OR OTHER BUSINESS ENT /E WITH THIS OFFICE.	ITY
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code <b>10a.</b> Registration Document Numi	ber
SUNSHINE FOLIAGE WORLD	, 2060 STEVE ROBERTS SPECIAL	ZOLFO SPRINGS, FL P9700005305 33890	8
		2003-2004	
R	INSTATEMENT_		
R	INSTATEMENT	000042016790 10/20/0401046-006 **1052.	50

JUUUUUZZ67 y & Associates,

203 South Seventh Avenue, Wauchula, Florida 33873 863.773.6768 Fax: 863.773.4578

Certified Public Accountants

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 your

Michael D. Manley, CPA

Member of Florida and American Institutes of Certified Public Accountants