H06000160341

1/2

FILED

06 JUN 16 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000000429

1. Corporation Name

Sunbreeze Management, Inc.

@ 6/19/06

2. Principal Office Address	3. Mailing Office Address
400 Locust Street	400 Locust Street
Suite, Apt. #, etc. Suite 790	Suite, Apt. #, etc. Suite 790
City & State Des Moines, IA	City & State Des Moines, IA
Zip 50309 Country USA	Zip 50309 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 01/28/2006

5. FEI Number 01-0762043 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Barbara A Burke Barbara A. Burke Special Assistant Secretary Date 6/12/06

REGISTERED AGENT MUST SIGN

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
PVST	Harry Bookey	400 Locust Street, Suite 790	Des Moines, Iowa 50309
Dir	Harry Bookey	400 Locust Street, Suite 790	Des Moines, Iowa 50309
VP	Nicholas H. Roby	400 Locust Street, Suite 790	Des Moines, Iowa 50309

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 contained in Chapter 119, 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: _____ 5/17/2006 515-244-2622

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nicholas H. Roby

06/16/2006 16:14 8502227615 CT CORP PAGE 02/02

H06000160341

2|2

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000160341 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

SUNBREEZE MANAGEMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75

File First!

File Second is an LP under audit # H06-160341

Electronic Filing Menu Corporate Filing Menu Help