

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 NOV -8 AM 11:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # LO 3000037 330

1. Limited Liability Company's Name

Sunflower Investments LLC

2. Principal Office Address

c/o Santiago Sreed, Fortune International

Suite, Apt. #, etc.

1300 Brickell Ave.

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

c/o Santiago Sreed Fortune International

Suite, Apt. #, etc.

1300 Brickell Ave.

City & State

MIAMI FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

9/30/2003

6. FEI Number

20-1245774

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MILAGROS SANCHEZ

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

1300 Brickell Ave.

Suite, Apt. #, Etc.

MIAMI FL

City

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10-22-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	ALFRED SVENSON	1300 Brickell Ave.	miami, FL 33131
Mgr	Carl Alexander Svenson	1300 Brickell Ave	miami, FL 33131
Mgr	Teresa Ingrid Svenson	1300 Brickell Ave	miami, FL 33131
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REINSTATEMENT 2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Handwritten Signature]

Date 10/22/04

Daytime Phone# 305/351/1000

Typed or printed name of signing Managing Member/Manager ALFRED SVENSON

CR2ED41 (10/02)