


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000024604			
1. Corporation Name Sunset Clearing House, Inc.			
2. Principal Office Address 2928 Northwest 72nd Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2928 Northwest 72nd Avenue Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami, FL	
Zip 33121	Country USA	Zip 33121	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00

REINSTATEMENT 01-04
MRB

700029447297
02/26/04--01016--008 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida March 9, 2000	
5. FEI Number Z1-65-0676926	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Neal L. O'Toole	
Street Address (P.O. Box Number is Not Acceptable) 310 East Main Street	
Suite, Apt. #, Etc.	
City Bartow	State FL
Zip Code 33830	

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**

REGISTERED AGENT MUST SIGN

Date

02-13-04

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,S,D.	Louis Bulnes	2928 Northwest 72nd Avenue	Miami, FL 33121
T	Thomas Bulnes	2928 Northwest 72nd Avenue	Miami, FL 33121
	VELMA		

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

Date

Daytime Phone

1-31-04

