

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025301

1. Corporation Name

SUNFLOWER S & M, INC.

Principal Place of Business

2871 NW 204 LANE
MIAMI FL 33056

Mailing Address

2871 NW 204 LANE
MIAMI FL 33056



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2000

5. FEI Number

65-0986289

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FRANCIS, ANTHONY	2871 NW 204 LANE	MIAMI FL 33056

600009247326
11/27/02--01107--004 **150.00

8. Name and Address of Current Registered Agent

NICOL, MICHAEL
N.Z.I. FINANCIAL GROUP, INC.
2700 N. 29TH AVENUE #101
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/22/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-02 305 401-9636

CR2E040 (8/02)

SUNFLOWER S & M, INC.

2871 NW 204 Lane
Miami, FL 33056
Tel: (305) 401-9636

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Document #: P00000025301 – REINSTATEMENT

As per your request I am enclosing a check of \$150.00 to reinstate the corporation. I did not receive a Uniform Business Report, which resulted in the company not filing an annual report. Your cooperation will be highly appreciated.

Sincerely;



Anthony Francis

President

Peggy Jennings

November 18, 2002

Department of State
Reinstatement Section
P.O.Box 6327
Tallahassee, Fl. 32314-6327

Please be advised that no corporate filing form was received for 2002.

Very truly yours,



Herbert Kosterlitz
Chairman