

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000025301

1. Corporation Name

Sunflower S & M, Inc

2. Principal Office Address

5633 Rodman Street

3. Mailing Office Address

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip
33023

Country
USA

Zip

Country

REINSTATEMENT

05-02

500068108785
03/20/06--01023--016 **300.00
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/06/2000

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. Name and Address of Current Registered Agent

Name

Anthony Francis

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

5633 Rodman Street

Suite, Apt. #, Etc.

#4

City

Hollywood

State
FL

Zip Code

33023

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

Tony

REGISTERED AGENT MUST SIGN

Date

2/20/06

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	Anthony Francis	5633 Rodman Street	Miramar, FL 33023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony

Date

2/20/06

Daytime Phone #

205-461-9636

ATTN: Dept. of State
Division of Corporations

Sunflower S & M, Inc
P0000025301

I would like to request a reinstatement for the above named company. I did not receive an annual report because of a change of address. After speaking with your representative, I was asked to send a corporation reinstatement form and a check of \$300.00 for last and this year.

Thank you
Anthony Francis

2022