PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 FEB -1 PM 2: 40 SECRETARY OF OTHER
DOCUMENT # POOOC 1. Corporation Name	00 29577	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Sun SEEKER) Really , I've	
· · · · · · · · · · · · · · · · · · ·		4000049122241 -02/12/0201065016
2. Principal Office Address 420 W. Boynton Beach Suite, Apt. #, etc.	3. Mailing Office Address 500 UE Spanish River Blue Suite, Apt. #, etc.	****300.00 ****300.00
202	284	4. Date Incorporated or Qualified To Do Business in Florida 2 /ps/1997
Boynton Beach R	Bout Rater, Fl.	5. FEI Number Applied For Not Applied For
33435 Palm Bend	3343/ Chrys Bara	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City BOCA RATION State Zip Code FL 33431		
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 Date		
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at leas	t 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	A A (
D ShARROW L.CUAR	g 211 White le D Bapten Beigh	William Boundar Beady
D DORDHAY REED	134 BRACKEN	was Pl PR6, Fl. 3348
	01	-OR USR TO
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 tees 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: Date Daytime Phone #		

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Sun Seekers Realty, Inc 420 W. Boynton Beach Blvd., Suite 202 Boynton Beach, Florida 33435

Office: 1.561.369.4003 Fax: 1.561.369.0060



January 28, 2002

Regarding: Document # P00000029577

State: Florida Status: Inactive

To Whom it may concern:

I moved my office to Boynton Beach. Your forms sent to 1515 N Federal Hwy: Suite: #300, Boca Raton, Florida 33432 were never forwarded to me. Please waive the late fee, and find a check in the amount of \$300.00 for year of 2001 & 2002.

Thank you and I appreciate your help in this matter.

Sharron L. Ward

Broker

Sun Seekers Realty Inc.,