

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 11 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000048141*

1. Corporation Name *Sunflower Construction and Design Inc*

W05-10543

2. Principal Office Address

14713 Day Lily Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32824

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

431961105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

Gomez Robinson

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

14713 Day Lily Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

200048846882

*03/22/05-01025-008 **1050.00*

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

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
<i>D</i>	<i>Gomez Robinson</i>	<i>14713 Day Lily Ct</i>	<i>Orlando, FL 32824</i>
<i>D</i>	<i>Gomez Antonio</i>	<i>12 West 4th St</i>	<i>Parkville, MO 64152</i>
<i>D</i>	<i>Gomez Soth, Pamela</i>	<i>14713 Day Lily Ct</i>	<i>Orlando, FL 32824</i>

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:

Robinson Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2005 *407-812-7646*
Date Daytime Phone #

CR20081 (01/04)