

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000101685

1. Corporation Name

SUNFLOWER PROFESSIONAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #

6423 COLLINS AVE

3. Mailing Office Address

6423 COLLINS AVE

Suite, Apt. #, etc.

#409

Suite, Apt. #, etc.

#409

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

Zip

33141

Country

USA

REINSTATEMENT 0507

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2002

5. FEI Number

42-1551594

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
ISOLINA FIROOZIEH

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

6423 COLLINS AVE

Suite, Apt. #, Etc.

#409

City

MIAMI BEACH

State

FL

Zip Code

33141

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Isolina Firoozieh
REGISTERED AGENT MUST SIGN

Date **MAY 16, 2007**

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
PD	JOSE LEY	6423 COLLINS AVE #409	MIAMI BEACH FL 33141
VP	JOSE LEY	6423 COLLINS AVE #409	MIAMI BEACH FL 33141

K. Eckel MAY 17 2007

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

MAY 16, 2007

Date

Daytime Phone #