

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000111267	
1. Entity Name SUNSET INVESTMENTS UNLIMITED, INC.	



FILED  
07 DEC 26 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 516 E OSCEOLA PKWY KISSIMMEE, FL 34744	Mailing Address PMB 224 9160 ESTATE THOMAS PANAMA CITY BEACH, FL 32417
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PMB - 224
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 9160 Estate Thomas
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City & State	City & State St. Thomas, USVI
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Zip	Country	Zip	Country
		00802	USA



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CRESPO, EDWIN 516 E OSCEOLA PKWY KISSIMMEE, FL 34744	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESPO, EDWIN PMB-224, 9160 ESTATE THOMAS ST THOMAS, VI 00802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800113407028 12/26/07--01053--006 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	12/17/07	850-774-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

12/27