

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 APR -7 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 903000012760

1. Corporation Name

SUNFLOWER PUBLISHING, Inc.

**REINSTATEMENT**

06-08

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

8010 NW 156 TER

3. Mailing Office Address

8010 NW 156 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI LAKES, FL

Zip

33016

Country

US

Zip

33016

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/2003

5. FEI Number

193765768

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

CHRISTY N. CANCIO

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

8010 NW 156 TER

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

☒ 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

Christy Cancio

Date

02/27/2008

REGISTERED AGENT MUST SIGN

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
PRESIDENT	HATTARY CANCIO	8010 NW 156 TER	MIAMI FL 33016
	CHRISTY		

800120651758  
03/19/08--01005--005 \*\*450.00

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

Christy Cancio

Date

03/14/2008

Daytime Phone #

1:50 PM

4/8/08