

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

07 JUL 23 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000012705**

1. Corporation Name
Sunset Contractors, Inc.

2. Principal Office Address - No P.O. Box # 1909 Lakewood Cir. N.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32207	Country Duval	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **1/25/05**

5. FEI Number 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 **Tim Mercer**

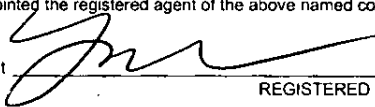
Street Address (P.O. Box Number is Not Acceptable)
1909 Lakewood Circle North

Suite, Apt. #, Etc.

City **Jacksonville** State **FL** Zip Code **32207**

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.

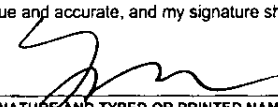
Signature of Registered Agent  Date **7/12/07**

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
PD	Tim O. Mercer	3617-2 Crown Pt. Rd.	Jacksonville, FL 32257
VPD	Christopher L. Mercer	3617-2 Crown Pt. Rd.	Jacksonville, FL 32257

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:  Date **7/12/07** Daytime Phone # **904-332-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20f2

KEVIN S. GREEN, C.P.A.

CERTIFIED PUBLIC ACCOUNTANT

July 12, 2007.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate reinstatement of
Sunset Contractors, Inc.
P05000012705


To Whom It May Concern,

We are enclosing a check for 2006 and 2007's corporate renewals for the above referenced corporation. The company did not receive its annual postcards prompting the renewals.

Please process at your convenience.

If further information is needed, please feel to contact us.

Sincerely,


Kevin Green, C.P.A.