2006 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA	TEMENT					
DOCUMENT # P05000054324  1. Entity Name SUNBURG INC.				06 7.3	2000) 2000 - Taba		
Principal Place 1419 MORRI PHILADELPH		Mailing Address 1419 MORRIS STREET PHILADELPHIA, PA 1914	5 US		1880 1888 1880 1880 1880 1880 1880	II <b>6:1101</b> 0 310 <b>11</b> )	
2. Principal Place of Business 2495 STIRLING RI Suite Apt. #. etc		3. Mailing Address 2495 Stirling Re Suite, Apt. #, etc					
Suite 19		Suite 19		11082006 RE	INPA E NECEZEO 98 (11/2	selle you	
DANI		Dania Bea	rch FL	4. FEI Number	3-2080595	Applied For Not Applicable	
333 /	2 BROWARD	333/2 7	Country Browar	5. Certificate of Sta	tus Desired \$8.75 Fee Requess of New Registered Agent	Additional uired	
6. Name and Address of Current Registered Agent  A1A REGISTERED AGENT INC.  92 SADBERRY ROAD  QUINCY, FL 32351				Name TUNG LE Street Address (P.O. Box Number is Not Acceptable)  2495 STIRLING RD STE 19			
			City D	ANIA BEAC		Code 7 / 2_	
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  Signature, trood or prefitted fisher of legisteries approach to the if approach to the it approach.  [NOTE: Registered Agent alignature required when relinations]  OATE							
FILE NOW!!! FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECT	ORS IN 11	
TITLE	D, P LE, TUNG T	☐ Delete	TITLE NAME	(P) LE, TUN	<b>⊠</b> Char	nge Addition	
STRECT ADDRESS CITY-ST-ZIP	1419 MORRIS STREET PHILADELPHIA, PA 19145		STREET ADDRESS CITY-ST-ZIP		ING RD STE :	19	
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CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		Char	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP			HAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge Addition	
12. I hereby certily that the information supplied with this filling 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 an address, with all other like empowered.  SIGNATURE:    SIGNATURE:							