

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000070136

FILED
Jan 22, 2007
Secretary of State

Entity Name: SUNSET CONSULTANT AND MANAGEMENT, INC.

Current Principal Place of Business:

1398B SEMORAN BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

1398B SEMORAN BLVD
SUITE 101B
CASSELBERRY, FL 32707

Current Mailing Address:

1398B SEMORAN BLVD
CASSELBERRY, FL 32707

New Mailing Address:

1398B SEMORAN BLVD
SUITE 101B
CASSELBERRY, FL 32707

FEI Number: 11-3749271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEVENIN, MAGALIE
1398B SEMORAN BLVD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

THEVENIN, MAGALIE
1398B SEMORAN BLVD
SUITE 101B
CASSELBERRY, FL 32707 US

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.

SIGNATURE: MAGALIE THEVENIN

01/22/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THEVENIN, MAGALIE
Address: 1398B SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: DV () Delete
Name: THEVENIN, HENRY
Address: 1398B SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGALIE THEVENIN

DP

01/22/2007

Electronic Signature of Signing Officer or Director

Date