

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 25 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/26/98--01101--008
***1050.00 ***1050.00

DOCUMENT # P94900090088

WAB-12231

1. Corporation Name
SUNFLOWER INTERBUSINESS CORP

Principal Place of Business Mailing Address
1985 S.OCEAN DRIVE #14J 1985 S.OCEAN DR.#14J
HALLANDALE FL HALLANDALE FL 33009

33009
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		65-0552326	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8 Additional Fee required for a Certificate of Status</small>	
				Applied For	
				Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	FLORENCIO, MARIA L.	1985 S.OCEAN DR. #14J	HALLANDALE FL 33009
VSD	FLORENCIO, JOSE M.	1985 S.OCEAN DR. #14J	HALLANDALE FL 33009

REINSTATEMENT

*do not sign
9/25/98
WAB*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FLORENCIO, MARIA L.		Name	
1985 S.OCEAN DRIVE #14J		Street Address (P.O. Box Number is Not Acceptable)	
HALLANDALE FL 33009		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *MARIA LUISA FLORENCIO* Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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 under section 119.07(3)(i), 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: *MARIA LUISA FLORENCIO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE040 (1/98)