PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PIONAL

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000018888

1. Corporation Name

SUNSET LADY INC.

Mailing Address

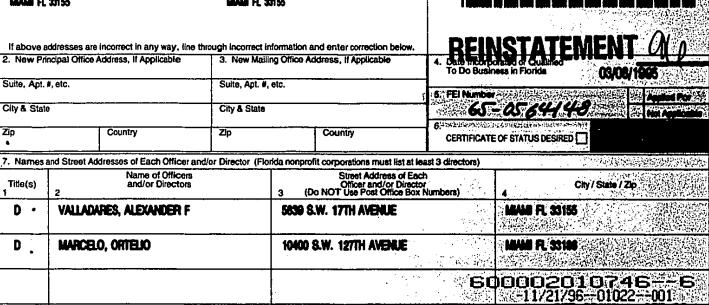
Principal Place of Business S839 S.W. 17TH AVENUE MAMM FL 33155

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SECRETARY OF STATE



8. Name and Address of Current Registered Agent VALLADARES, ALEXANDER F Street Address (P.O. Box Number is Not Acceptable) 5830 S.W. 17TH AVENUE **MANN FL 33155** Suite, Apt. #, Etc.

10. I, being appointed the registered above named corporation, am familiar with and accept the obligations of Section 607.0505; F.S.

Signature of a Registered Agent

URE REQUIRED

REGISTERED AGENT MUST SIGN

11. Does this dorperation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No V

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12. I certify that I am an officer or director or the receiver or troute 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 discount of his 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 professional individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indication is true and accurate, and managing the same legal effect as if made under oath.

SIGNATURE: