

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077207

1. Corporation Name

SUNFLOWER INN, INC.

Principal Place of Business

Mailing Address

145 108TH AVENUE
SUITE 5
TREASURE ISLAND FL 33706

P.O. BOX 9603
TREASURE ISLAND FL 33706

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

2. New Principal Office Address, If Applicable

385 CAPRI BLVD

Suite, Apt. #, etc.

TREASURE ISLAND

City & State

FL

Zip

33706

Country

USA

3. New Mailing Office Address, If Applicable

385 CAPRI BLVD

Suite, Apt. #, etc.

TREASURE ISLAND, FL.

City & State

33706

Zip

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/09/1995

5. FEI Number

05-9337692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED:

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LUCKAN, KAI	385 CAPRI BLVD	TREASURE ISLAND FL 33706
MGR	LUCKAN, SABINE	385 CAPRI BLVD	TREASURE ISLAND FL 33706

500034125385
06/01/04--01073--001 **150.00
500034125385
04/27/04--01066--002 **150.00

8. Name and Address of Current Registered Agent

LUCKAN, KAI
385 CAPRI BLVD
TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

Name _____

Street Address (P.O.-Box Number is Not Acceptable) _____

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 4-22-04

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

727-367-1499

Daytime Phone #

CR2E040 (7/03)

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Sunflower Inn Inc.
385 Capri Blvd
Treasure Island, Fl. 33706
USA

Phone 727-367-1499
Fax 813-354-2444
Fax Deutschland: 069-25577191

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Document # P95000077207
Reinstatement Sunflower Inn Inc.

To whom it may concern:

enclosed the application for reinstatement.
Due to a change in adress and non-working mail forwarding we have not received the two prior UBR notices.
We are asking for a waiver of the penalty and have enclosed a check for \$ 150 according to your directions.

Yours sincerely



Kai Luckan
President Sunflower Inn Inc.