

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 11:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P 95 0000 77207

1. Corporation Name
 SUNFLOWER INN INC.

2. Principal Office Address
 145 108TH AVE

3. Mailing Office Address
 P.O. BOX 9603

Suite, Apt. #: etc.
 SUITE 5

City & State
 TREASURE ISLAND, FL TREASURE ISLAND, FL

Zip Country Zip Country
 33706 USA 33706 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/9/1995

5. FEI Number 059337692 Applied For - Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

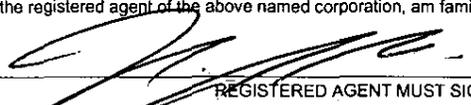
Name
 KAI LUCKAN

Street Address (P.O. Box Number is Not Acceptable)
 385 CARRI BLVD 600009242316

Suite, Apt. #, Etc.
 TREASURE ISLAND, FL 33706 11/27/02--01101--025 **300 00

City State Zip Code
 FL

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 11/20/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KAI LUCKAN	385 CARRI BLVD	TREASURE ISLAND, FL 33701
MGR	SABINE LUCKAN	385 CARRI BLVD.	TREASURE ISLAND, FL 33706

10. 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:  Date 11/20/02 727-363-7454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)