

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000056610 1. Entity Name SUNSHINE LABOR, INC.	
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FILED
05 JUN 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 720 S. PARK AVE. WINTER GARDEN, FL 34787	Mailing Address 720 S. PARK AVE. WINTER GARDEN, FL 34787
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2. Principal Place of Business 720 S Park Ave Suite, Apt. #, etc.	3. Mailing Address 720 S Park Ave Suite, Apt. #, etc.
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04222005 REIN-P CR2E098 (6/04)

City & State Winter Garden, FL Zip 32787 Country ORANGE	City & State Winter Garden FL Zip 32787 Country orange
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4. FEI Number 59-3399702	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MOORMAN, ROSILYN 601 WEST STORY ROAD WINTER GARDEN, FL 34787	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rosilyn Moorman DATE 5-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	PD MOORMAN, ROSILYN <input type="checkbox"/> Delete 601 WEST STORY ROAD WINTER GARDEN, FL 34787
TITLE	VSTD MOORMAN, JOBE L <input type="checkbox"/> Delete 601 WEST STORY ROAD WINTER GARDEN, FL 34787
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition [Handwritten signature]
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400056032264 06/10/05--01063--002 **900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosilyn Moorman Date 5/25/05 Daytime Phone # 407-656-8479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR