


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000056610		
1. Entity Name SUNSHINE LABOR, INC.		

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	3. Mailing Address 720 S Park Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Garden, FL	City & State Winter Garden FL
Zip 32787	Zip 32787
Country ORANGE	Country ORANGE

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 <u>Rosilyn Moorman</u> <small>Signature, type or printed name of registered agent and title if applicable</small>	DATE <u>5-25-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$900.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORMAN, ROSILYN 601 WEST STORY ROAD WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MOORMAN, JOBE L 601 WEST STORY ROAD WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Rosilyn Moorman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>5/25/05</u> DAYTIME PHONE # <u>407-656-8479</u>

FILED  
05 JUN 10 PM 3:17  
SECRET  
TALLAHASSEE



04222005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3399702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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06/10/05--01063--002 \*\*\$900.00