

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000039742

1. Corporation Name

Sunset Capital Inc.

2. Principal Office Address

2234 N. Federal Hwy

Suite, Apt. #, etc.

#497

City & State

Boca Raton FL

Zip

33431

Country

3. Mailing Office Address

2234 N. Federal Hwy

Suite, Apt. #, etc.

#497

City & State

Boca Raton FL

Zip

FL 33431

Country

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/97

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Suzanne Davis Scanlon

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

2234 North Federal Hwy

Suite, Apt. #, Etc.

#497

City

Boca Raton

200004275632--8

05/22/01 0102--032

***1208.75 ***1208.75

State

FL

Zip Code

33431

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

Suzanne Davis Scanlon
REGISTERED AGENT MUST SIGN

Date

4/24/01

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
President	Suzanne Davis Scanlon	2234 N. Federal Hwy	Boca Raton, FL 33431
PM		#497	

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.

(561)212-3843

SIGNATURE:

Suzanne Davis Scanlon Suzanne Davis Scanlon 4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2081 (9/00)