

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 14 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053058

1. Corporation Name

SUNSHINE FOLOAGE WORLD, INC.

2060 STEVE ROBERTS SPECIAL
P O BOX 328

2. Principal Office Address

2060 STEVE ROBERTS SPECIAL

3. Mailing Office Address

P O BOX 328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZOLFO SPRINGS, FL

City & State

ZOLFO SPRINGS, FL

Zip

33890

Country

Zip

33890

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06-16-1997

5. FEI Number

59-3467324

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

EDWARD W. LAMBERT

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

2060 STEVE ROBERTS SPECIAL

Suite, Apt. #, Etc.

City

ZOLFO SPRINGS

State

FL

Zip Code

33890

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

Edward W. Lambert

Date

10-29-04

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
DV	BILLY M LAMBERT	753 DAFFODIL ST	LAKE PLACID, FL 33852
DST	AMELIA P LAMBERT	753 DAFFODIL ST	LAKE PLACID, FL 33852
DV	MARCUS S LAMBERT	2060 STEVE ROBERTS SPECIAL	ZOLFO SPRINGS, FL 33890
DV	EDWARD W LAMBERT	2721 BAILES RD	ZOLFO SPRINGS, FL 33890
DV	DOUGLAS K LAMBERT	2060 STEVE ROBERTS SPECIAL	ZOLFO SPRINGS, FL 33890
DV	CYNTHIA L BROWN	11346 SE SHELPER AVE	ARCADIA, FL 34266

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:

Edward W. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-04 863-735-0501

Daytime Phone #

CR2E081 (01/04)

Manley & Associates, CPA's, P.A.

203 South Seventh Avenue, Wauchula, Florida 33873

863.773.6768 Fax: 863.773.4578

Certified Public Accountants

October 13, 2004

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

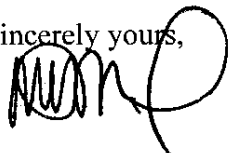
Dear sir or madam,

Following is a reinstatement forms for Sunshine Foliage World, Inc., Sunfoliage Foliage World, Ltd. and Sunshine Foliage Enterprises, Ltd..

The officers and registered agent cannot explain why the forms were not filed. Confusion related to office changes and relocations and office employee changes might be the answer. However, the lack of filing the forms was an innocent oversight of the company. We respectfully request the reinstatement fee of \$600.00 and limited partnership penalty fees be waived and the enclosed checks be accepted for the reinstatements. We apologize for the inconvenience caused by this innocent oversight.

Thank you for your consideration in this matter.

Sincerely yours,



Michael D. Manley, CPA