


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 20 AM 9:11

DOCUMENT # P99000000203

1. Corporation Name

SUNFLOWER TOBACCO & DISTRIBUTION, INC.

Principal Place of Business

Mailing Address

10250 SLEEPY BROOKWAY  
BOCA RATON FL 33428

10250 SLEEPY BROOKWAY  
BOCA RATON FL 33428



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/1999

5. FEI Number

65-0884045

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	RAHAN, MOLLAH F	10250 SLEEPY BROOKWAY	BOCA RATON FL 33428

100004695151--2  
-11/27/01--01051--001  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

RAHAN, MOLLAH F  
10250 SLEEPY BROOKWAY  
BOCA RATON FL 33428

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*M. F. Rahan*  
REGISTERED AGENT MUST SIGN

Date

10-10-01  
11-13-01

11. 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:

*M. F. Rahan* (MOLLAH F. RAHMAN)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT)

Date

Daytime Phone #

(561) 870-7464

November 13, 2001

To the Florida Department of State Division of Corporations

Subject: Sunflower Tobacco & Distribution INC.

Ref. Number: P99000000203

Dear,  
Respectable Sean Toner,

Hi, how are you? I recieved your November 6, 2001 letter. I would like ot mention that I did not recieve the reinstatement notice. Today I am sending a money order of \$150.00 as a fee.

May I therefore hope and pray that you will accept and grant my application. May God bless America.

Sincerely,

 11-13-01

Mollah.F.Rahman

(president of Sunflower Tobacco & Distribution INC.)  
10250 Sleepy Brook Way Boca Raton FL. 33428