PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P99000053926

1. Corporation Name

SUNSET COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

ROUTE 17. BOX 1652

Signature of Registered Agent

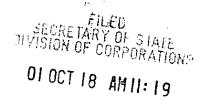
SIGNATURE:

ROUTE 17, BOX 1652

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



LAKE CITY FL 32055 LAKE CITY FL 32055					E INCULARI LIM IBATA POLIT BRITA BETA BETA BETA BETA BETA BETA BETA BE				
If above a	ddresses are	incorrect in any way, line t	hrough incorrect in	nformation a	nd enter correction below.	REI	nstatem	NENT	<i></i>
New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable		Date incorporated or Qualified To Do Business in Florida 06/11/1999				
Suite, Apt. #, etc. Suite, Apt. #,			etc.						
					5. FEI Number Applied For			Applied For	
City & State City & State						Not Applicable			
Zip		Country	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED		ional Fee required ifficate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	LOWRY, CARL J ROUT			ROUTE	TE 17, BOX 1652		LAKE CITY FL 32055		
D	LOWRY, MARIE A			ROUTE 17, BOX 1652			LAKE CITY FL 32055		
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						Bul	26		
				-		Dr. o.			Í
8. Name and Address of Current Registered Agent				9) Name and Address of New Registered Agent					
	~ ~ ~				Name	-· ·			
NORRIS, GUY W 201 N. MARION STREET				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
SUITE		7 f (16.0 fg. f			Suite, Apt. #, Etc.				······
		055						•	
LAKE CITY FL 32055				City			State Zip C	ode	
10. I, being	appointed th	.//	bove named corpo	oration, am f	amiliar with and accept the ol	bligations of Secti	ion 607.0505, F.S.		

11. I certify that I am an officer of 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

10-15-01