

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000074752 1. Entity Name SUNFLOWER SUITES, INC.				08 NOV 14 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 5909 SANDSTONE AVE SARASOTA, FL 34243		Mailing Address 5909 SANDSTONE AVE SARASOTA, FL 34243			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 20565 Suite, Apt. #, etc.			
City & State Zip		City & State Bradenton, FL Zip 34204		Country US	
4. FEI Number 59-3594248		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANZELLINI, VINCENZO 5909 SANDSTONE AVE SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <small>Signature, typed or printed name of registered agent and date if applicable.</small>		Vincenzo Anzellini <small>(NOTE: Registered Agent signature required when reinstating)</small>		11-10th-08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ANZELLINI, VINCENZO <input type="checkbox"/> Delete 5909 SANDSTONE AVE SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900137928009 11/14/08--01043--024 **158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ANZELLINI, CARMEN E <input type="checkbox"/> Delete 5909 SANDSTONE AVE SARASOTA, FL 34243		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	
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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 exemptions contained in Chapter 119, 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:		Vincenzo Anzellini 11-10th-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #			

941-357-1053

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