	PLEASE READ	ALL INS	TRUCTIONS	REFORE	COMPLET	ING THIS EQRM :: Av / A	
	PLICATION FOR 97-98 STATEMENT	FLORIC	A DEPARTMENT Sandra B. Mon Secretary of S	NT OF STAT rtham State	E	WER O	
		7)	IVISION OF CORPO	RATIONS		98 MAR -9 AM 10: 20	
1. Corpora	UMENT # S92 67 ation Name sundmacher marketing	COMPANY	9-	7-9	8AF	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	ace of Business 7909 Summer Ridge Plac Orlando, FL 32819		ress				
	iddresses are incorrect in any way, line th ncipal Office Address, If Applicable	ing Office Address, If Applicable		4. Date Incorp	Date Incorporated or Qualified     To Do Business in Florida     11/07/01		
Suite, Apt. #, etc. Suite, Apt. #,			elc.			11/0//91	
City & State	9	City & State	City & State		59-309		
Zip	Country	Zip	Country	у	6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Fto					
Title(s) Name of Officers and/or Directors 1 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		ach Ior x Numbers)	City / State / Zip	
D SUSAN MIRANDA			7909 Summer Ridge Place Orlando, FL 32819				
						000024545419 -03/12/9801004008 ****315.00 ****315.00  000024545419 -03/12/9801004009 *******8.75 ******8.75	
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered Agent	
SUSAN MIRANDA 7909 Summer Ridge Place Orlando, FL 32819				Name Street Address Suite, Apt. #, E City	(P.O. Box Number		
10. I, being Signature o Registered	Agent _ SUSAN MIRANDA RI	MAC GISTERED AG	oration, am familiar wit	th and accept the	obligations of Section		
11. Thi Inta	is <mark>co</mark> rporation owes or ha angible Personal Proper	as paid th ly tax due	e current yea June 30.	ar Yes C	No 🗵	(See other side for information on intangible tax.)	
this rein: owed by	statement application, the reason for disse	olution has been names of individ	eliminated, the corpor uals listed on this form	rate name satisfie n do not qualify fo	es the requirements or an exemption und	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated	
SIGNAT	URE: SUSAN MIRANDA	NTED NAME OF S	ELLABOR OFFICER OR D	RECTOR	March 5.	1998 407 / <b>876-5</b> /40 Date Daylime Phone #	

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SUNDMACHER MARKETING COMPANY 7909 Summer Ridge Place Orlando, FL 32819

March 4, 1998

State of Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: SUNDMACHER MARKETING COMPANY

Corp Number: S92820 FEI: 59-3094318

Gentlemen:

Per our conversation today, and as directed, please find completed application for reinstatement and a check for \$315.00 comprising \$165.00 for 1997 and \$150.00 for 1998 annual fees.

Further, since I did not receive any paperwork for the annual report for last year and this year, I was advised by your office to write a check for \$315.00 to cover the back and current fees. In the future I will be responsible to contact you if I do not receive the annual report paperwork in time for filing.

Your special consideration is greatly appreciated. Thank you for your assistance in this matter.

Very truly yours,

Susan Miranda

/sb Encs.