

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 13 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716735

1. Corporation Name
THE SUNRISE CONDOMINIUM INC

Principal Place of Business Mailing Address
5971 NW 17TH PL 10191 W SAMPLE RD
SUNRISE, FL 33313 SUITE # 203
CORAL SPRINGS, FL 33065

REINSTATEMENT

98-99
1/13/99

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10-13-1969	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1356571	
Country		Country		Applied For	
		USA		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GAUWEN SINCLAIR	4520 NW 67TH TERR	LAUDERHILL FL 33319
T	NEVILLE CHUNG	7241 NW 11TH ST	PLANTATION, FL 33313
S	ANGELLA L. WATSON	5971 NW 17TH PL 208	SUNRISE, FL 33313
D	BYRON HARRZOTT	1651 NW 59TH WAY	SUNRISE, FL 33313
D	CYNTHIA FINE	5971 NW 17TH PL 110	SUNRISE, FL 33313

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES CALDENAZZO 10191 W. SAMPLE ROAD # 203 CORAL SPRINGS, FL 33065		Name ANGELLA L. WATSON Street Address (P.O. Box Number is Not Acceptable) 5971 NW 17TH PL Suite, Apt. #, Etc. 208 City SUNRISE State FL Zip Code 33313	

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: *Angella L. Watson* REGISTERED AGENT MUST SIGN
400002286764--8
Date: 01/20/99 01003--007
***306.25 ***306.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
(See other side for information on intangible tax.)

12. 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: *Gauwen Sinclair* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-10-99 Daytime Phone #: 954-731 8656

CR2E040 (1/98)