PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -4 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009906

1. Corporation Name

SUNRRISE AT SUNSET VIEW CONDOMINIUM ASSOCIATION, INC.

12224 SW 101st Terr
12224 SW 101st Terr ~~[illegible]~~

REINSTATEMENT 03-05

2. Principal Office Address		**3.** Mailing Office Address	
12224 SW 101st Terr		12224 SW 101st Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI,-FL.		City & State: MIAMI,-FL.	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 41-2109396 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIA FERNANDEZ VALLE, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 10570 N.W. 27th Street

000043068740
11/30/04--01054--012 **297.50

Suite, Apt. #, Etc.: Suite 103

600046418116
02/11/05--01011--002 **61.25

City: MIAMI | State: FL | Zip Code: 33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X [signature] Date: X 11/29/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NORA RODRIGUEZ	7510 SW 152 Ave., A-104	MIAMI, FL. 33193
VP/D	OSNIEL GONZALEZ	7510 Sw 152 Ave., A-108	MIAMI, FL. 33193
T/D	AMADO YANIZ	14356 SW 48 Lane	MIAMI, FL. 33175
S/D	ALBERTO LIRIO	7510 SW 152 Ave., B-108	MIAMI, FL. 33193
D	JUVENTINO LEON	7510 SW 152 Ave., C-105	MIAMI, FL. 33193

10. 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.

Julio Rodriguez on behalf of Nora Rodriguez by Power of Attorney

SIGNATURE: [signature] 11/29/04 (305) 905 1682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #