Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850)222-2666
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CORPORATION REINSTATEMENT

SUNSET WAREHOUSES, INC.

Certificate of Status	1
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000136016

1 Corporation Name
SUNSET WAREHOUSES, INC.

REINSTATEMENT
2010

CR2E081 (6/10)

2 Principal Office Address - No P O Box #	3 Mailing Office Address
8022 SW 89th ST	8022 SW 89th ST
Suite Apt # etc	Suite Apt # etc
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4 Date Incorporated or Qualified To Do Business in Florida: 09/29/2004

5 FEI Number: 201819720 ☑ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☑ $6.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent

Name: ANGEL M. PENA, JR.

Street Address (P O Box Number is Not Acceptable): 8022 SW 89th ST

Suite Apt. # Etc

City: Miami | State: FL | Zip Code: 33165

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 _____ Date 12/29/2010

REGISTERED AGENT MUST SIGN

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
DPS	ANGEL M. PENA, JR.	8022 SW 89TH STREET	MIAMI FL 33156
			S. HAWKES
			DEC 29 2010
			EXAMINER

10 E-mail Address: angelmpena@mac.com

(To be used for future annual report notification)

11 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 I further certify 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: _____ ANGEL M. PENA, JR. 12/29/2010 786-444-4842

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