

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
Fax Number : (850) 222-1666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

CORPORATION REINSTATEMENT
SUNSET WAREHOUSES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75

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TREASURY DEPT

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000136016

1 Corporation Name

SUNSET WAREHOUSES, INC.

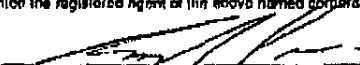
REINSTATEMENT
2010

2 Principal Office Address - No P.O. Box # 8022 SW 89th ST		3 Mailing Office Address 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

CR25081 (6/10)

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 am being appointed the registered agent of the above named corporation. I 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)			
Title	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@met.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	

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