


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 22 AM 11:11

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000008942  
1. Corporation Name  
SUNNY SANDS, INC.  
*w06-12596*

2. Principal Office Address  
283 Catalonia Ave.  
Suite, Apt. #, etc.  
2nd. Floor  
City & State  
Coral Gables, FL  
Zip  
33134

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

**REINSTATEMENT** *04-06*  
CRZE08 (1208)

4. Date Incorporated or Qualified To Do Business in Florida  
02/02/1995

5. FEI Number  
650622085  
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  
RASCO REININGER PEREZ ESQUENAZI & VIGIL, P.L.  
Street Address (P.O. Box Number is Not Acceptable)  
283 Catalonia Avenue  
Suite, Apt. #, Etc.  
2nd. Floor  
City  
Coral Gables  
State  
FL  
Zip Code  
33134

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 *[Signature]* **REGISTERED AGENT MUST SIGN** *Manager*  
Date *3/21/06*

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
DP	DIAZ, ROBERT S.	283 Catalonia Ave. 2nd. Fl	Coral Gables, FL 33134
			200069637122 04/05/06--01043--013 **1050.00
			200069637122 04/05/06--01043--014 **8.75

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 contained in Chapter 119, 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: *[Signature]* Robert S. Diaz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

*3/29*