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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*0103 WBZ*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -8 AM 11:04

DOCUMENT # P95000008942

1. Corporation Name

SUNNY SANDS, INC.

2. Principal Office Address

1560 Sawgrass Corp. Pkwy.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Zip

33323

Country

USA

Zip

Country

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

000021295260  
07/03/03--01018--003 \*\*450.00

7. Name and Address of Current Registered Agent

Name

Miami Corporate Systems, Inc.

Street Address (P.O. Box Number is Not Acceptable)

283 Catalonia Avenue

Suite, Apt. #, Etc.

Second 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 06/16/2003

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	Roberto Salinas Diaz	1560 Sawgrass Corp. Pkwy., Suite 400	Sunrise, Florida 33323
V	Maria Ramirez Rivera	1560 Sawgrass Corp. Pkwy., Suite 400	Sunrise, Florida 33323

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)(l), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*2/09/03*

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**RASCO REININGER PEREZ & ESQUENAZI, P.L.**  
**ATTORNEYS & COUNSELORS AT LAW**

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José Manuel Pallí  
Of counsel

\*Board Certified-Business Litigation

June 27, 2003

**Via Certified Mail**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 30314

**Re: Reinstatement of Sunny Sands, Inc. (the "Corporation")**  
**Document # P95000008942**

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement application for the above-referenced Corporation. Further enclosed is a check in the amount of \$450.00, which amount represents the reinstatement fee through 2003. Please be advised that Annual Business Reports for the prior years were never received, therefore, we respectfully request for a waiver of the penalty fee.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me should you have any further questions.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.



Desiree M. Cuason  
For the Firm

DMC/dmc  
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