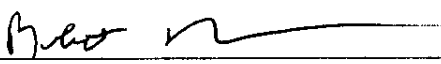


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 14 DEC 31 PM 7:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 590157			
1. Corporation Name SUNSET WEST MIAMI INC			
2. Principal Office Address - No P.O. Box # 9701 SUNSET PK		3. Mailing Office Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State MIAMI FL		City & State	
Zip 33173	Country DADE	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-1858438	
6. CERTIFICATE OF STATUS DESIRED		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent		200268418492 01/15/15--01002--021 **750.00	
Name ROBERT PASSMORE			
Street Address (P.O. Box Number is Not Acceptable) 27151 SW 192 AVE			
Suite, Apt #, Etc.			
City MIAMI	State FL	Zip Code 33031	
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 1/8/15	
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
PD	ROBERT PASSMORE	27151 SW 192 AVE	MIAMI FL 33031
REINSTATEMENT 2014			
10. E-mail Address: BOB.MORILL@C.ADL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.			
SIGNATURE: 		305-271-1123 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			