

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 15 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576670

1. Corporation Name

Sunlife Homes, Inc.

2. Principal Office Address

2000 Island Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite #2506

Suite, Apt. #, etc.

City & State

Aventura, FL.

City & State

Zip

33160

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1978

5. FEI Number

59-1830824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

T. Amsef

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

2940 SW 30th Ave.

Suite, Apt. #, Etc.

Suite #5

City

Hallandale

State
FL

Zip Code

33009

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

T. Amsef

Date

4-9-03

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
P	S. Harel	2000 Island Blvd, Suite 2506	Aventura, FL 33160
S/T	N. Harel	2000 Island Blvd, Suite 2506	Aventura, FL 33160

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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

305-935-0252

Daytime Phone #

CR2E081 (10/02)