

F03000001497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

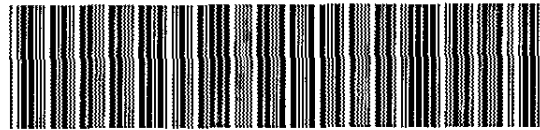
Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

3/27 FOR CORP  
CUS

Office Use Only



400014306654

03/27/03--01030--005 \*\*70.00

03/27/03--01030--006 \*\*8.75

RECEIVED  
03 MAR 27 AM 11:34  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED  
03 MAR 27 PM 1:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CT CORPORATION**

March 27, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5816360 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Sunrise Holidays, Inc. (DE)  
Qualification  
Florida

Sunrise Holidays, Inc. (DE)  
Certificate of Status/Authorization-Foreign  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**CT CORPORATION**

Sincerely,

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SUNRISE HOLIDAYS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 31-1213710  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 10, 1987 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3164 PEMBROKE ROAD, HALLANDALE, FL 33009  
(Principal office address)  
P.O. BOX 841338, PEMBROKE PINES, FL 33084  
(Current mailing address)
8. RESERVATIONS OFFICE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road,  
Plantation, , Florida 33324  
(City) (Zip code)

## 10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C T Corporation System  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of records in the jurisdiction under the law of which it is incorporated.

James A. Bordonaro  
Assistant Secretary

FILED  
03 MAR 27 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: HAZEN K. RICHARDSON IIAddress: THE GRENADINESST. VINCENT, WEST INDIES

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: HAZEN K. RICHARDSON IIAddress: THE GRENADINESST. VINCENT, WEST INDIES

Vice President: \_\_\_\_\_


Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. HAZEN K. RICHARDSON, PRESIDENT  
(Typed or printed name and capacity of person signing application)

# Delaware

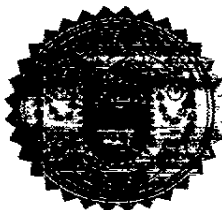
PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE HOLIDAYS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2134080 8300

AUTHENTICATION: 2329644

030198746

DATE: 03-25-03