## FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## PLEASE READ ALL INSTRUCTIONS



CORPORATION FLORIDA DEPARTMENT OF STATE
Secretary of State

REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F0400000	5198	
SUNNY RACHEL CORP.		08/12/0901037016 ************************************
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	REINSTATEMENT 05-09
REITERGASSE 9-11 Suite, Apt. #, etc.	REITERGASSE 9-11 Surie, Apl. #, etc.	1 Labor 1 d Gev 1 CR2E081 (12/08)1 d
Crty & State	City & State	4. Date Incorporated or Qualified To Do Business in Flonds SEPT. 8, 2004
ZURICH	ZURICH	5. FEI Number  V Applied For Not Applicable
CH8002 . Country  CH8002 . SWITZERLAND	ZIP COUNTY CH8002 SWITZERLA	CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name CT CORPORATION SYSTEM		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		the prior natices. By checking this box, you are certifying the prior notices were not
Suite, Apr. #, Etc.		received and requesting the reinstatement fee be waived.
PLANTATION	State Zip Ci FL 33324	ode
8. I, being appointed the registered appried the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Notices FOX Vice President  Date		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors)		
Tities Name of Officers and/or Directors	Street Addres Officer and/or	a of Each r Director City / State / Zip
SEE ATTACHED. APPEND	× A	
		900159515459 09/18/0901006003 **1258:75
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 filling this reinstatement application, the reason for disequition has been eliminated, the corporate name satisfies the requirements of section 507.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the farmes 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 ceth.		
SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviting Phone #		

## **APPENDIX A**

## **SUNNY RACHEL CORP.**

DirectorRaelene GabrielliDirectorSteven J. Weekes

Alternate Director Cecile Pernet

Secretary Kay Bower

Address of Directors/Secretary: Reitergasse 9-11, CH0027, Zurich , Switzerland