## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F05000007579

Entity Name: SUNDISE MODULAD HOMES

FILED Sep 28, 2007 Secretary of State

Entity Nar	ne: SUNRISE	E MODULAR HOME	ES, INC.			
Current Principal Place of Business:				New Principal Place	e of Business:	
280 WHISPERING WOOD LANE 16						
	STINE, FL 320	84 US				
Current Mailing Address:				New Mailing Address:		
280 WHISPERING WOOD LANE						
16 ST AUGUS	STINE, FL 320	84 US				
FEI Number:	04-3472867	FEI Number Applie	d For ( ) FEI Nu	ımber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WILCOX, LEONARD 280 WHISPERING WOOD LANE				SHOCKMEDIA CORPORATION 9677 OLD ST AUGUSTINE RD		
12 ST AUGUSTINE, FL 32084 US				JACKSONVILLE, FL 32257 US		
	named entity s e of Florida.	submits this statem	ent for the purpose	of changing its register	ed office or registered agent, or both,	
SIGNATURE: JOSE JARDIM JUNIOR					09/28/2007	
	Electron	ic Signature of Reg	istered Agent		Date	
		3(2)(b), F.S., the corpo	oration did not receive	the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WILCOX, LEON	NG WOOD LANE #16		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WILCOX, CALE	NG WOOD LANE #16		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	V () WILCOX, JUST	Delete IN		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEONARD WILCOX C 09/28/2007

280 WHISPERING WOOD LANE #16

ST AUGUSTINE, FL 32084 US

Address:

City-St-Zip: