

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN -7 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 97000005086

1. Corporation Name
Z.H. SUNRISE, INC.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6557 N.W. 32nd Terrace	3. New Mailing Office Address, If Applicable 6557 N.W. 32nd Terrace	4. Date Incorporated or Qualified To Do Business in Florida 9/29/97
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0778085
City & State Boca Raton, FL	City & State Boca Raton, FL	Applied For Not Applicable
Zip 33496	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 33496	Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir./VP	James B. Hoesley	227 W. Monroe St., 42nd Floor	Chicago, Illinois 60606
Dir./Pres.	Michael Zheutlin	6557 N.W. 32nd Terrace	Boca Raton, Florida 33496
		REINSTATEMENT <u>98-99</u>	
		S. LOGAN	
			3000002905839-4 -06/15/99--01107--022 ****300.00 ****300.00

8. Name and Address of Current Registered Agent C.T. Corp	9. Name and Address of New Registered Agent Name: Michael Zheutlin Street Address (P.O. Box Number is Not Acceptable): 6557 N.W. 32nd Terrace Suite, Apt. #, Etc: City: Boca Raton State: FL Zip Code: 33496
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Michael Zheutlin* REGISTERED AGENT MUST SIGN Date: 5/25/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax)

12. 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: *Michael Zheutlin* 5/25/99 561-997-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Michael Zheutlin

CR2E040 (1/98)