	PLEASE READ	ALL INST	RUCTION	S BEFORE C	OMPLET	ING THIS FORM.		
REINSTATEMENT  FIND DEPARTMENT OF STATE  Katharta Hards  Signations  Physical of Sur Drations								
DOCUMENT # H94880					FILED			
1. Corporation Name					99 OCT 27 AM II: 57			
SUNRISE OFFICE PRODUCTS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Pl	ace of Business	Mailing Addr	Mailing Address			At 18616 Side 1811 Brits (Side 1814 Ben Ben Biell Sebn Bien Bien Bien Bien Bien Bien Bien Bie		
11632 ZIMI PT. RICHE	MERMAN RD. Y FL 34668	HUBSON FL SHETA ZIMMERMEN AUS PT. Richey, The						
If above a	ddroccos are incorrect in any way. Iine thro	wah incorrect is			No. 129	5/99 9000	2022 1500	
	ncipal Office Address, If Applicable	New Mailing Office Address, if Applicable			4. Date incorporated or Qualified			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01/20/1986			
City & State	9	City & State			5. FEI Number	59-2623964	Applied For Not Applicable	
Zip	Country	Zip	Cou	untry	6. CERTIFICATE		75 Additional Fur required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo	<del></del>	orations must list at lea Street Address of Each				
Title(s)	and/or Directors		Officer and/or Director					
PST CRUM, GARY E.		15641 LANCER I		ER BLVD		SPRING HILL FL		
					31	00003035 -11/05/99 ****400.00	01012009	
·- <del>-</del>							SP	
	8. Name and Address of Current I	Registered Age	ent	Name	9. Name and Address of New Registered Agent			
GARY CRUM					(P.O. Box Number is Not Acceptable)			
	CHEY FL 34610	Suite, Apt. #, Etc						
City					State Zip Code			
10. I, being	g appointed the registered agent of the abo	ve named corp	oration, am familia	r with and accept the ol	bligations of Sact	on 607.0505, F.S.	,	
Signature o Registered	Agent Agent	GISTERED AC	2007 ENT MUST SIGN			Date 10/25/	99.	
this rein	that I am an officer or director or the receinstatement application, the reason for dissory the corporation have been paid and the paplication is true and accurate, and my slippication is true and accurate.	olution has been names of Individ	eliminated, the co luals listed on this	orporate name satisfies form do not qualify for	the requirements an exemption un-	of section 607.0401 or 617.0	401, F.S., that all fees	
SIGNA	TURE: SIGNATURE AND TYPEFOR PRI	NW.	GIGNING OFFICER	DR DIRECTOR	10,		7-862-1895 aytime Phone #	
	GARY CI	eum.						

noi