PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 OCT 13 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J 37780

1. Corporation Name

L AND L IN SUNRISE, INC.

2. Principal Office Address	3. Mailing Office Address
8130 N.W. 6th Court	8130 N.W. 6th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 22071 Country: USA	Zip: 33071 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/14/1986

5. FEI Number: 59-2727071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Leo Landau

Street Address (P.O. Box Number is Not Acceptable): 600 Three Island Boulevard

200003447622--4
-11/01/00--01104--022
****900.00 ****900.00

Suite, Apt. #, Etc.

City: Hallandale | State: FL | Zip Code: 33005

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 10-20-2000

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Zipora Kurzman	8130 N.W. 6th Court	Coral Springs, FL 33071

REINSTATEMENT 11-1-00

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 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: _____ 10/16/00 954-975-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #