PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 28 PM 2:10

DOCUMENT #

1. Corporation Name: Sunrise Construction Inc

L58895

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
1628 N. Dale Mabry		1628 N. Dale Mabry	
Suite, Apt. #, etc.: Suite 110		Suite, Apt. #, etc.: Suite 110	
City & State: Lutz FL		City & State: Lutz FL	
Zip: 33548	Country: US	Zip: 33548	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 3-16-90

5. FEI Number: 593003257 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Stephen P. Carpenter

Street Address (P.O. Box Number is Not Acceptable): 3143 Lake Padgett Dr

Suite, Apt. #, etc.:

City: Land O Lakes State: FL Zip Code: 34639

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: [signature] Date: 5-27-04

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
President	Stephen P. Carpenter	3143 Lake Padgett Dr	Land O Lakes FL 34639

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06/04/04--01060--012 **900.00

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 submitted on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Stephen P. Carpenter 5-27-04 813-920-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (01/04)