## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FII FD FLORIDA DEPARTMENT OF STATE 04 JAN 22 PM 3: 20 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # MJSJ33 1. Corporation Name REINSTATEMENT 03-09 Sun-Ray Apartments, Inc. 728-736 NE 13th Court Fort Lauderdale, FL 33304 700027404407 01/22/04--01023--017 \*\*300.00 3. Mailing Office Address 2. Principal Office Address 14980 SW 52nd Street 728-736 NE 13th Ct Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified Suite 119 01/03/1986 To Do Business in Florida City & State 5. FFI Number City & State Not Applicable -Davie, FL -59-2646791 -Fort-Lauderdale, FL Country \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status USA 33314 33304 USA 7. Name and Address of Current Registered Agent Name Mario Bernard Street Address (P.O. Box Number is Not Acceptable) 4980 SW 52nd Street # 199 Suite, Apt. #, Etc. Suite 119 Zip Code 33314-5522 <sup>City</sup> Davie the above named porporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered agent g 1/6/04 Signature of einere Registered Agent \_ REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City / State / Zip Street Address of Each Officer and/or Director Name of Officers and /or Directors Titles Ft.Lauderdale, FL 33304 728-736 NE 13th Court Mario Bernard PD 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 filling 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 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 affect as if made under oath.

CER OR DIRECTOR

SIGNATURE: 🕺

SIGNATURE AND

1/6/04

Date

Daytime Phone #

## SUN-RAY APARTMENT, INC.

728 N.E. 13th Court Fort Lauderdale, FL 33304

Mr. Tony Bernard Manager

Phone: 954-818-0639

January 6, 2004

Florida Department of State Division of Corporations Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

RE: Document # M25332

To Whom It May Concern:

We have called the Division to find out why we had not received the renewal documentation for 2003, and we've been told that there was a mention that the post office had "Insufficient Information" to make the delivery.

The agent that we spoke with, told us to fill out the Corporation Reinstatement form, and send a check of \$300.00, and that would covered 2003, and 2004.

Please find enclosed the reinstatement form and our check of \$300.00, if you need more information feel free to contact us at 954-797-6693

Regards,

SUN-RAY APARTMENTS, INC.

President

/gm

Enclosures (2)