PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 13 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/13/03--01049--008 **358.75

REINSTATEMENT 01-03

DOCUMENT # N94000000736

1. Corporation Name

Sunrise Drop-In Center Inc.

2. Principal Office Address		**3.** Mailing Office Address	
512 North Clyde		PO Box 421177	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Kissimmee			
City & State		City & State	
Kissimmee Fl		Kissimmee, Florida	
Zip	Country	Zip	Country
34742	Osceola	34742	Osceola

4. Date Incorporated or Qualified To Do Business in Florida 2/8/1994

5. FEI Number 593222463 ☐ 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: Shelley L. Watson

Street Address (P.O. Box Number is Not Acceptable): 512 North Clyde St.

Suite, Apt. #, Etc.:

City: Kissimmee | State: FL | Zip Code: 34742

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 Shelley L. Watson — REGISTERED AGENT MUST SIGN — Date Jan 28, 2003

CR2E081 (10/02)

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
D	Shelley L Watson	334 Maryland Ave	St. Cloud Fl 34769
ED	William Prather	206 Park Place	Kiss. FL 34741
Pr	Michael Miller	1701 N Mabbette St	Kiss. FL 34741
OM	Mary Lea Palo	2008 Brengle Ave	Orl. FL 32808
ED	J Nelson Kull	1313 30th St	Orl, FL 32805
S	Trudie Krawczyk	1623 Calvin Crl	Kiss. FL 34746

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: Shelley L Watson Shelley L Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2003 — Date

407- — Daytime Phone #

JL 2/17