pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
01 APR 12 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005509

1. Corporation Name
Sunrise Children's Foundation, Inc.

2. Principal Office Address
4910 Tamiami Tr. N
Suite, Apt. #, etc.
316
City & State
Naples, FL
Zip 34103 Country USA

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip Country

97-01

4. Date Incorporated or Qualified To Do Business in Florida 11-7-1994

5. FEI Number 65-0537158 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 William D. Ertag
Street Address (P.O. Box Number is Not Acceptable) 730 Goodlette Rd.
Suite, Apt. #, Etc. 100
City Naples State FL Zip Code 34102

100004037291 -3
-04/23/01--01005--036
****490.00 ****490.00
REINSTATEMENT 97-01 T8

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 WMDErtag MD Date 3/21/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	William D. Ertag	730 Goodlette Rd #100	Naples, FL 34102
VP	Sara Cowan	900 L'Ambiance Cr #101	Naples, FL 34108
T	Ed mace	720 Goodlette Rd	Naples, FL 34102
S	Bonnie Dessauer	27740 Hacienda E. Blvd 209D	Bonita Springs, FL 34134

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: WMDErtag MD 3/21/01 941-262-8971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Directors of the Sunrise Children's Foundation, Inc.

D Charlotte Bremseth
490 Ibis Way
Naples, FL 34110

D Gina Juneau
830 New Waterford Dr. #203
Naples, FL 34104

D Craig Timmins
Grubb & Ellis
3201 Tamiami Trail North
Naples, FL 34103

D Judith Merkel
1380 Burgundy Drive
Ft. Myers, FL 33919

D Sam Weisberg
820 Meadowland Dr.
Naples, FL 34108

D Edward Wollman
5129 Castello Drive, Suite 1
Naples, FL 34103-1903

D Deborah Hamilton
Holland Salley, Inc. 2975 S. Horseshoe Drive
Naples, FL 34104 Ste 800