

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 02-09

100028733461
02/13/04--01037--010 **297.50

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005509			
1. Corporation Name Sunrise Children's Foundation, Inc.			
2. Principal Office Address 4910 N. Tamiami Trail		3. Mailing Office Address SAME	
Suite, Apt. #, etc. Suite 316		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34103	Country Collier	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0537158	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name William D. Ertag	
Street Address (P.O. Box Number is Not Acceptable) 720 Goodlette Road N.	
Suite, Apt. #, Etc. Suite 204	
City Naples	State FL
Zip Code 34103	

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03/03/04--01040--010 **61.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

W D Ertag

REGISTERED AGENT MUST SIGN

Date

2/4/04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	**SEE ATTACHED		

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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:

GINA C. JUNEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/04 (239)649-7571

14 2

Sunrise Children's Foundation Inc. Directors and Board Members

1. **William D. Ertag, M.D. - President**
720 Goodlette Rd. N. Ste 204
Naples, FL 34102

2. **Sara Cowan - Vice President**
6955 Carlisle Ct. #D-118
Naples, FL 34109

3. **Bonnie Dessauer, Ph.D. - Secretary**
23148 Grassy Pine Dr.
Estero, FL 33928

4. **Ed Mace - Treasurer**
720 Goodlette Road N.
Naples, FL 34102

5. **Gina Juneau - Director**
4782 Lakewood Blvd.
Naples, FL 34112

6. **Charlotte Bremseth - Director**
490 Ibis Way
Naples, FL 34110

7. **Judith Law - Director**
14350 Bristol Way Pl. #201
Ft. Myers, FL 33912-0856

8. **Sam Weisberg - Director**
820 J Meadowland Dr.
Naples, FL 34108

9. **Craig Timmins - Director**
3838 Tamiami Tr. N. Ste 402
Naples, FL 34103

10. **Edward Wollman - Director**
5129 Castello Drive, Suite 1
Naples, FL 34103-1903