(APPROVED AND FILED)

CORPORATION REINSTATEMENT

99-00

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

00 MAY -5 PM 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9700000347 9

1. Corporation Name,

SUNRISE ALL-STARS, INC

2. Principal Office Address

4910 NW 53 St

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip	Country
33319	

3. Mailing Office Address

4910 NW 53 St

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip	Country
33319	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0771802

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 CONNIE DAWSON

Street Address (P.O. Box Number is Not Acceptable)
4910 NW 53 St   **REINSTATEMENT** 9962...

Suite, Apt. #, Etc.

City	State	Zip Code
TAMARAC,	FL	33319

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 _Connie Dawson_

REGISTERED AGENT MUST SIGN

Date 4/13/00

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
D	Pamela Yontz	8471 NW 29 St	Sunrise, FL 33
D	Connie Dawson	4910 NW 53 St	Tamarac, FL 33319
T	Fred W Smith	3480 CocoLake Cir.	Coconut Creek FL 33073
		8000032 71308--5	
		-05/31/00--01016--001	
		****297.50 ****297.50	

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: _Connie Dawson_   Director   CONNIE DAWSON   4/13/00   954-677-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #