

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000 000915

1. Corporation Name

SUNRISE RESTAURANT

2. Principal Office Address

1125 S. SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32807

Country

USA

3. Mailing Office Address

1125 S SEMORAN BLVD.

Suite, Apt. #, etc.

City & State

ORLANDO (FL)

Zip

32807

Country

USA

REINSTATEMENT

0001

12-20-00 01089 002 \$150.00

02-22-00 90017 025 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12-27-1999.

5. FEI Number

59-3617356

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

HAI HUYNH

Street Address (P.O. Box Number is Not Acceptable)

1125 S SEMORAN BLVD

Suite, Apt. #, Etc.

City

ORLANDO FL

State
FL

Zip Code

32807

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-05-2001

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	HAI HUYNH	1125 SOUTH SEMORAN	ORLANDO FL 32807
			LS

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2001

Date

Daytime Phone #