

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 12 PH 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 000000068334

1. Corporation Name

A Sunrise Insurance Agency, Inc.
of Miami

2. Principal Office Address

6545 W. 27th

Suite, Apt. #, etc.

#24, Bldg. 47

City & State

Hialeah, FL

Zip

33016

Country

USA

3. Mailing Office Address

6545 W. 27th

Suite, Apt. #, etc.

#24 Bldg. 47

City & State

Hialeah, FL

Zip

33016

Country

U.S.A.

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/18/00

5. FEI Number

65-1024973

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

Nordis F. Martinez

900026971199

01/14/04--01085--023 ***30.00

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

6545 W. 27th

Suite, Apt. #, Etc.

#24 Bldg. 47

City

Hialeah

State

FL

Zip Code

33016

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

1/07/04

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
VP	Nordis F. Martinez	6545 W. 27th #24 Bldg. 47 Hialeah	Hialeah, FL 33016
President	Dulce H. Castellanos	6545 W. 27th #24 Bldg. 47	Hialeah, FL 33016

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

Date

1/07/04 786-487-2206

Daytime Phone #

CR2E081 (10/02)

1082

December 07, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Ref: A Sunrise Insurance Agency Inc.
P00000068334

To Whom It May Concern:

Enclosed, please find the Corporation Reinstatement Form along with the \$300.00 check. We never received the annual report last year, and that is the reason why we never filed the 2003 annual report form.

Thank you

Nordis F. Martinez

A handwritten signature in black ink, appearing to read 'Nordis F. Martinez', is written over the printed name.