

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -4 AM 11:41

DOCUMENT # P00000082089

**1. Corporation Name**

SUNRISE ENTERPRISES INTERNATIONAL INC

**REINSTATEMENT** 02-08

B 4/7/08  
CF2E081 (12/07)

**2. Principal Office Address - No P.O. Box #**

4011 S. W., 72 ND DRIVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33314

Country

U.S.A.

**3. Mailing Office Address**

4011 S. W., 72 ND DRIVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33314

Country

U.S.A.

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

08/30/2000

**5. FEI Number**

65-1036498

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

SYED A HAMEED

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

4011 S. W., 72 ND DRIVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*SAH*

REGISTERED AGENT MUST SIGN

Date 03/22/2008

**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
PSTD	SYED A HAMEED	4011 S. W., 72 ND DRIVE	DAVIE, FLORIDA 33314
VP	FARIDA HAMEED	4011 S. W., 72 ND DRIVE	DAVIE, FLORIDA 33314
D	HINA MALIK	4011 S. W., 72 ND DRIVE	DAVIE, FLORIDA 33314
D	HUMAYOON HAMEED	4011 S. W., 72 ND DRIVE	DAVIE, FLORIDA 33314
D	HAMEED HAIDER	4011 S. W., 72 ND DRIVE	DAVIE, FLORIDA 33314

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**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 contained in Chapter 119, 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:

*SAH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/2008

Date

954-452-3952

Daytime Phone #