### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

#### P00000099857 DOCUMENT #

1. Corporation Name

## SUNRISE FAMILY DISCOUNT, INC.

Principal Place of Business

Mailing Address

945 W. SUNRISE BLVD.

945 W. SUNRISE BLVD.

FT. LAUDERDALE FL 33311

FT. LAUDERDALE FL 33311

FILED

02 NOV 20 PM 1:10

SEGMETARY OF STATE TALLAHASSEE, FLORIDA



If above a	addresses are	incorrect in any way, line t	hrough incorrect	information a	and anter correction below	HEIM!	STATEME	NTOZ
		Address, If Applicable	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     10/20/2000		
Suite, Apt.	#, etc.					5 Permitting		
City & Stat	0		City & State			5. FEI Number 65-1053237		Applied For  Not Applicable
Zip		Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Add	dresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PSTD	STD ABDIN, BOCHR			945 W. S	SUNRISE BLVD.	FT. LAUDERDALE FL 33311		
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								-
				11/20/0201029002 **750.00				
					Min	11/20/	0201029002	**750.00
		·			Ų			
8. Name and Address of Current Registered Agent						9. Name and	Address of New Register	red Agent
4550	500115				Name			
ABDIN, BOCHR 945 W. SUNRISE BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33311				Suite, Apt. #, Etc.				
					City		F	tate Zip Code
10. I, being	appointed the	registered agent of the ab	ove named corpo	oration, am fa	miliar with and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.	0505, F.S.
Signature of Registered	Anent YOU	/SIGNA	TURE	RE	QUIRED		Date//-/7-	.02
r registered /	-your -		EGISTERED AG			<del>.</del>	Date	

11. 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.

Daytime Phone #