

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 26 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05232005 REIN-P CR2E098 (6/04)

DOCUMENT # P00000109104 1. Entity Name SUNLAND U.S.A., INC.					
Principal Place of Business 9695 NW 79 AVE. BAY 1 HIALEAH GARDENS, FL 33016			Mailing Address PO BOX 260625 SUITE F PEMBROKE PINES, FL 33026		
2. Principal Place of Business 2155 HACIENDA TERR		3. Mailing Address 2155 HACIENDA TERR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 65-1056794	
Zip 33327		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IPARRAGUIRRE, TEDDY L 9695 NW 79 AVE. BAY 1 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name GABRIEL MOLNAR Street Address (P.O. Box Number is Not Acceptable) 2155 HACIENDA TERR City WESTON FL Zip Code 33327		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE GABRIEL MOLNAR 5-23-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete IPARRAGUIRE, TEDDY L 9695 NW 79 AVE, BAY 1 HIALEAH GARDENS, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GABRIEL MOLNAR 2155 HACIENDA TERR WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400055376484 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/26/05--01056--006 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			5-23-05 954 548 8304 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					