

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 26 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023353

1. Corporation Name

Sunrise Holding Group, Inc.

2. Principal Office Address

731 Shotgun Road

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33326

Country

US

3. Mailing Office Address

731 Shotgun Road

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33326

Country

US

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

03/06/01

5. FEI Number

65-1082008

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

Diaz, Osvaldo J

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

7951 SW 40th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date

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
PDT	Soto, Jaime R	7951 SW 40 Street	Miami, FL 33155
SVD	Ortiz de Rey, Maria E	7951 SW 40 Street	Miami, FL 33155
D	Diaz, Osvaldo J	7951 SW 40 Street	Miami, FL 33155

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

Date

954-916-3636

Daytime Phone #

CR2E081 (9/01)

12/2/02

Sunrise Holdings Group, Inc

731 Shotgun Road
Sunrise, Florida 33326
Phone (954)916-3636

11/20/02

Florida Department of State
Div of Corporations
Corporation Reinstatement
P.O. Box 6327
Tallahassee, Fl 32314

To whom it may concern:

Pursuant to our telephone conversation today, November 20, 2002, we submitted check number 1010 for \$150.00 on July 3, 2002. Apparently your office did not receive the check and our UBR Annual Report was never filed. I am submitting a copy of the Bank Statement of June 2002, as you can see the sequence is the same. Unfortunately we had not reconciled the account and had not discovered the check had not been received by your office. Enclosed is the Corporate Reinstatement Form, with a payment of 158.75 , the extra \$ 8.75 for a certificate of status. Please process this reinstatement, and if you have any additional questions please call me at (954) 916-3636.

Thank you very much for all your help and we look forward to a favorable response.


Jaime Rey
President