

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000089288

1. Corporation Name

SUNSCOPE INVESTMENTS, INC.

2. Principal Office Address

3225 Aviation Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Zip

33133

Country

Zip

Country

REINSTATEMENT

03-04

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

9-7-01

5. FEI Number

04-3695217

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

BRUCE H. FLEISHER, ESQUIRE

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

3225 Aviation Avenue

Suite, Apt. #, Etc.

300

City

Coconut Grove

State

FL

Zip Code

33133

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

Bruce H. Fleisher
REGISTERED AGENT MUST SIGN

Date 5-6-04

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
VPAS, 1	CARLTON A. MASTERS	GOODWORKS LLC, 303 PEACHTREE ST NE #4420	ATLANTA, GEORGIA 30308
PD	YAMISE ABEBE	C/O BRUCE H. FLEISHER 3225 Aviation Ave. #300	Coconut Grove, FL

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: CARLTON A. MASTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

(305) 859-7999

Daytime Phone #

CR2E081 (10/02)