

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**FILED**  
**Mar 13, 2003 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** P01000089514

**1. Corporation Name**

SUNSET 2 INVESTMENTS

700012386697  
02/12/03--01047--013 \*\*300.00

**2. Principal Office Address**

801 BERKELL AVE

Suite, Apt. #, etc.

9th Floor

City & State

MIAMI FLORIDA

Zip

33131

Country

DADE

**3. Mailing Office Address**

801 BERKELL AVE

Suite, Apt. #, etc.

9th Floor

City & State

MIAMI FLORIDA

Zip

33131

Country

DADE

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

09/12/2003

**5. FEI Number**

65-1137576

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

FORREST SYGMAN

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

8603 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

SUITE # 303

City

MIAMI

State  
FL

Zip Code  
33143

**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 02/10/2003

**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
	Director Christopher Jackson	801 Berckell Ave	9th Floor Miami, FL 33131

**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

Date

March 10, 2003

Daytime Phone #

CR2E081 (1/0/02)

**March 10, 2003**

**Sunset 2 Investments Inc.  
801 Brickell Avenue 9<sup>th</sup> Floor  
Miami, Florida 33131  
(305) 534-8187**

**-To Whom It-May Concern:-**


**I did not receive my Annual Report/Uniform Business Report Section  
Form for 2002.**

**The address you have is incorrect, my current address is:**

**Sunset 2 Investments Inc.  
801 Brickell Avenue 9<sup>th</sup> Floor  
Miami, Florida 33131**

**Please waive the penalty fee for 2002.**

**Thank you,**

A handwritten signature in black ink, appearing to read 'Christopher Jenson', written over a horizontal line.

**Christopher Jenson  
Sunset 2 Investments Inc.**