

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000108095**

1. Corporation Name

Sun International Resorts (USA), Inc.

2. Principal Office Address - No P.O. Box #

1560 Sawgrass Corp Pkwy

Suite, Apt. #, etc.

4th Floor

City & State

Sunrise, FL.

Zip

33323

Country

USA.

3. Mailing Office Address

7369 Sheridan Street

Suite, Apt. #, etc.

201

City & State

Hollywood, FL.

Zip

33024

Country

USA

REINSTATEMENT

CR2E08T (10/08)

07-08^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2001

5. FEI Number

65-1151534

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

Frank Gutta

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

7369 Sheridan St.

Suite, Apt. #, Etc.

201

City

Hollywood

State

FL

Zip Code

33024

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **11/17/08**

REGISTERED AGENT MUST SIGN

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
P	Lorenzo Giani	3208 NW 123rd Terr	Sunrise, FL. 33323
VP	FRANK A. Gutta	7369 Sheridan St #201	Hollywood, FL. 33024

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11/18/08--01023--014 **300.00

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 contained in Chapter 119, 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

11/17/08

Daytime Phone #