PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 MAR -4 AM 10:15

DOCUMENT # P02000006322

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CR2E081 (11/10)

1. Corporation Name
New Sun Investments, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1800 Sunset Harbour Dr.	1800 Sunset Harbour Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Beach FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/18/2002

5. FEI Number: 65-0629879 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 (Amended Fee) for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Gabriel Bordoy
Street Address (P.O. Box Number is Not Acceptable): 1800 Sunset Harbour Drive
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of s.607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: Apr 12, 2024

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
Pres	Gabriel Bordoy	1800 Sunset Harbour Dr	Miami Beach, FL 33139
		Reinstatement	22-24

10. E-mail Address: gabriel.bordoy880@gmail.com
(To be used for future annual report notification)

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., and that all fees due by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 3/12/24

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #