

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000068374

**FILED  
May 24, 2010  
Secretary of State**

**Entity Name:** SUNRISE ADULT CARE INC.

**Current Principal Place of Business:**

4102 COOLEY COURT  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4102 COOLEY COURT  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 65-0471539      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HANNAH, JAMES E  
4102 COOLEY COURT  
LAKE WORTH, FL 33461      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES HANNAH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: HANNAH, JAMES E  
Address: 4102 COOLEY CT  
City-St-Zip: LAKE WORTH, FL 33461 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES HANNAH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPTS

05/24/2010

\_\_\_\_\_  
Date