PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 8:41

SECRETARY OF STATE TALLAHASISEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000073209 **DOCUMENT #**

1. Corporation Name

PROJECT SUNRISE 3000, INC.

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Principal Place of Business Mailing Addr					ess				
1915 N.E. 45 STREET			1915 N.E. 45	1915 N.E. 45 STREET					
SUITE 104 A			SUITE 104 A			<u> </u>			
FORT LAUDERDALE FL 33308 FORT			FORT LAUDE	LAUDERDALE FL 33308			REINSTATEMENT 03		
If above addresses are incorrect in any way, line through incorrect in					aformation and enter correction below.			AACH IN I CHI	
New Principal Office Address, If Applicable 3. New Mailin				ng Office Address, If Applicable			Date Incorporated or Qualified		
1790 F . LAS OLAS BLVD. 1796 Suite, Apt. #, etc. Suite, Apt.				E. LAS OLAS BLUD.			To Do Business in Florida07/03/2002		
#16			Conto, Apr. 11	#/6			5. FEI Number Applied For		
City & State FT. LAUDERDALE, FC			City & State FT. LAUDERDALE, FL.			E, FL.	04-3702139 Not Applicable		
21p Country 33361 U.S.A.			Zip 33301 Country				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	tle(s) Name of Officers and/or Directors					et Address of Each cer and/or Director		City / State / Zip	
D	ARTHAUD-BERTHET, CARINE			1915 N.E. 45 STREET #104 A				FORT LAUDERDALE FL 33308	
A.	АКТН	I AUD BERTHE	t, CARINE	17.90	E. L APT	AS OLAS (BLVD.	FORT LAUDER	DALE, FL 33301
				10/1			80) 10/17/	00023914908 /0301089013 **150.00	
	8 Nam	ne and Address of Current	Penistered Age	nt			9. Name and	Address of New Registress	red Agent
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name				
ARTHAUD-BERTHET, CARINE 1915 N.E. 45 STREET SUITE 104 A FORT LAUDERDALE FL 33308					Street Address (P.O. Box Number is Not Acceptable) 17 10 E - LAS OLAS BLVD. Suite, Apt. #, Etc. # 16 City State Zip Code FT - LAUDERDALE FL 33301.				
Signature o	ıf	e registered agent of the abo	ve named corpo	ration, am f	amiliar wi	<u> </u>			0505, F.S.
Registered	Agent	RE	GISTERED AG	NT MUST SIGN			 -	Date 10/19/	
		officer or director or the receivable the representation							

statement 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003 9542575621

Project Sunrise 3000, inc. 1790 E. Las Olas Blvd #16 Fort Lauderdale, FL 33301

10/14/2003

To whom it may concern:

Someone just dropped the document attached at my office. The address on this document is wrong, it is the old address. The new address is 1790 E. Las Olas Blvd # 16 – Fort Lauderdale, FL 33301.

I have made the change of address about a year ago and I do not understand it was not change in your record.

Consequently I never received the Business Uniform Report 2003.

Find enclose a check of \$150 to keep the company active.

Sincerely,

Carine Arthaud-Berthet

President

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