

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000132893

Entity Name: SUN VOGUE, INC.

FILED  
May 07, 2008  
Secretary of State

## Current Principal Place of Business:

8660 SW 16 COURT  
PEMBROKE PINES, FL 33025 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 245303  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

FEI Number: 16-1647187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NUBIAN TAX CONSULTANTS  
16300 NE 19 AVENUE  
SUITE 215  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

E-CONSULTING, INC  
16300 NE 19 AVE  
SUITE 215  
NORTH MIAMI BEACH, FL 33162 US

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: MICHAEL LAWRENCE

05/07/2008

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: P ( ) Delete  
Name: DEMITT, NORMA  
Address: 8660 SW 16 COURT  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP ( ) Delete  
Name: DEMITT, HORACE  
Address: 8660 SW 16 COURT  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: TD ( ) Delete  
Name: BROWN, CARLYN A  
Address: 8660 SW 16 COURT  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: SD ( ) Delete  
Name: BROWN, DIERDRE D  
Address: 8660 SW 16 COURT  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D (X) Delete  
Name: BROWN, CYNTHIA  
Address: 1051 E 53 STREET  
City-St-Zip: BROOKLYN, NY 11234 US

Title: D (X) Delete  
Name: BROWN, CARGILL  
Address: 1051 E 53 STREET  
City-St-Zip: BROOKLYN, NY 11234 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LAWRENCE

RA

05/07/2008

Electronic Signature of Signing Officer or Director

Date