

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000059137

1. Entity Name
SUNNY DAZE ENTERPRISES, INC.



FILED

05 OCT 20 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4400 HILLCREST DR.
APT 503
HOLLYWOOD, FL 33021

Mailing Address
4400 HILLCREST DR.
APT 503
HOLLYWOOD, FL 33021

2. Principal Place of Business
1152-Hollywood Blvd.

3. Mailing Address
1152 Hollywood Blvd

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33019

Country
BRAND

Zip
33019

Country
BRAND

10122005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0968941

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
CHRISTIANE FACONTI
Street Address (P.O. Box Number is Not Acceptable)
1152-Hollywood Blvd.
City
Hollywood FL Zip Code
33019

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *C. Faconti* DATE 10/12/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------------|--|--|---|----------------------|--|--|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FACONTI, CHRISTIANE | | | NAME | FACONTI, CHRISTIANE | | |
| STREET ADDRESS | 4400 HILLCREST DRIVE APT 503 | | | STREET ADDRESS | 1152-Hollywood Blvd. | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | | CITY-ST-ZIP | Hollywood, FL 33019 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Faconti* CHRISTIANE FACONTI DATE 10/12/05 DAYTIME PHONE # 954-713-7972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #