

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -3 PM 3:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000062654
1. Corporation Name
Sunset Management International, Corp.

2. Principal Office Address - No P.O. Box #
10250 SW 70 St.
Suite, Apt. #, etc.

3. Mailing Office Address
10250 SW 70 St
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip Country
33173 USA

City & State
Miami, FL
Zip Country
33173 USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
04-14-2004

5. FEI Number
65-1225264
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
Jaime Perez
Street Address (P.O. Box Number is Not Acceptable)
10250 SW 70 Street
Suite, Apt. #, Etc.
City State Zip Code
Miami FL 33173

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent [Signature] Date 04-28-2007
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
PD	Perez Jaime	10250 SW 70 Street	Miami FL 33173
VD	Perez Patricia	10250 SW 70 Street	Miami FL 33173

07/06/07 500105619965 --01020--006 **300.00

07/06/07 500105619965 --01020--007 **150.00

10. 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., 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 contained in Chapter 119, 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.

SIGNATURE: [Signature] Date 04-28-2007 (305) 878-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #