


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000103061		
1. Entity Name SUNRISE CARIBBEAN GOURMET RESTAURANT, INC.		

Principal Place of Business 1415 EDGEWOOD AVE JACKSONVILLE, FL 32254	Mailing Address 1415 EDGEWOOD AVE JACKSONVILLE, FL 32254
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 DEC 19 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007		10082007 (1/07)	
4. FEI Number 34-2004603		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DALEY, LOUIS F 1415 EDGEWOOD AVE. NORTH JACKSONVILLE, FL 32254		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

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: _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> S DALEY, TAMARA 11427 SWORDFISH DRIVE JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> T DALEY, FREDRICK 11427 SWORDFISH DRIVE JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	800113276678 12/19/07--01038--023 **750.00
<input type="checkbox"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Daley Fredrick 11427 swordfish dr Jacksonville FL 32218
<input type="checkbox"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P-Louis Daley 11427 swordfish dr Jacksonville FL 32218
<input type="checkbox"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	V-Daley Charmaine 11427 swordfish dr Jacksonville FL 32218
<input type="checkbox"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Louis Daley LOUIS DALEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR