2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000081893

Entity Name: SUNRISE UNITED, INC.

FILED Oct 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18281 NW 19TH STREET PEMBROKE PINES, FL 33029 **Current Mailing Address: New Mailing Address:** 18281 NW 19TH STREET PEMBROKE PINES, FL 33029 FEI Number: 20-2786581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GHAZNAVI, SHARIQ **18281 NW 19TH STREET** PEMBROKE PINES, FL 33029 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: SHARIQ GHAZNAVI 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GHAZNAVI, SHARIQ Name: Name: 18281 NW 19TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: Title: () Delete () Change () Addition BOZAI, NAHEED Name: Name: 18281 NW 19TH STREET Address: Address: PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ARORA, AJAY KUMAR Name: Name: 1270 NW 154TH LANE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: () Delete Title: () Change () Addition SHEIKH, FAROOQUDDIN A Name: Name: Address: 3521 BONITA DRIVE Address: City-St-Zip: PLANO, TX 75025 City-St-Zip: Title: Title: () Delete () Change () Addition GHAZNAVI, RAFAT Name: Name: 18281 NW 19TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition SINGIREDDY, RAVINDER Name: Name: 413 STONE BRIDGE CIRCLE Address: Address: City-St-Zip: City-St-Zip: ALLEN, TX 75013

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: SHARIQ GHAZNAVI P 10/30/2008