

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000069704

1. Corporation Name

Perfumes 4 U Sunrise Inc.

2. Principal Office Address - No P.O. Box #

1301 NW 193rd AVE

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33029

Country

USA

3. Mailing Office Address

1301 NW 193rd Ave

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33029

Country

USA

7. Name and Address of Current Registered Agent

Name

Ron Friedman

Street Address (P.O. Box Number is Not Acceptable)

1301 NW 193rd Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date 09/13/2009

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
P	Ron Friedman	1301 NW 193rd Ave	Pembroke Pines FL 33029
u	Israel Friedman	1230 97th St	Bay Harbor Islands FL 33154
✓	Doron Friedman	1230 97th St	Bay Harbor Islands FL 33154

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:

Ron Friedman 09-14/2009

954-4992467

FILED

09 SEP 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000160821580
09/18/09--01048--004 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 5/17/2006

5. FEI Number
20-4885333

☒ Applied For
☐ Not Applicable

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

☒ 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.