

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000081773

1. Corporation Name

SUNRISE ACUPUNCTURE, INC

2. Principal Office Address - No P.O. Box #
142 NORTH HIGHLAND AVE

3. Mailing Office Address
142 NORTH HIGHLAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER GARDEN, FL

City & State
WINTER GARDEN, FL

Zip Country
34787 US

Zip Country
34787 US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-5049887

Applied For
Not Applicable

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

600145412906
03/10/09--01008--012 **1050.00

REINSTATEMENT 07-09

7. Name and Address of Current Registered Agent

Name
JANINE MARGEWICZ

Street Address (P.O. Box Number is Not Acceptable)
142 NORTH HIGHLAND AVE

Suite, Apt. #, Etc.

City
WINTER GARDEN, FL

State Zip Code
FL 34787

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 _____

Date _____

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
P/S/T	JANINE MARGEWICZ	142 NORTH HIGHLAND AVE	WINTER GARDEN, FL 34787

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/09
Date

4076177378
Daytime Phone #