## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000124822

KEYES, DONNA

11486 CHARLIE'S TERRACE

FORT MYERS, FL 33907 US

Name:

Address:

City-St-Zip:

Entity Names CUMPICE ACCESS CONTROL

FILED Jan 08, 2008 Secretary of State

Entity Name: SUNRISE ACCESS CONTROL, INC. **Current Principal Place of Business: New Principal Place of Business:** 11486 CHARLIE'S TERRACE FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** P. O. BOX 151867 CAPE CORAL, FL 33915 US FEI Number: 65-0783711 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: KEYES, ROBERT F JR 11486 CHARLIE'S TERRACE FORT MYERS, FL 33907 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: ROBERT F KEYES, JR. Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KEYES, ROBERT F JR. Name: Name: 11486 CHARLIE'S TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: KEYES, DONNA Name: 11486 CHARLIE'S TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition KEYES, ROBERT F JR. Name: Name: 11486 CHARLIE'S TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT F KEYES, JR. PRES 01/08/2008