PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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RPORATION REINSTATEMENT FLORIDA DEPARTM Secretary of DIVISION OF COR	of State
DOCUMENT # + 0700081391 1. COMPORTATION NAME ISLAND SUMPLISE INCOMP	ALL AHASSEE, FLORIDA 900168249649 02/23/1001003006 **158.75
Suite, Apt. #, etc. APT ZOS City & State Orlando FL Zip Suite, Apt. #, etc. APT ZO City & State Orlando Zip Zip	CR2E081 (11/09) 4. Determinated in Capital To Do Business in Florida 5. FEI Number Applied For Not Applicable Country 6. S875 Additional Fee required
7. Name and Address of Current Registered Agent	CERTIFICATE OF STATUS DESIRED of for a Certificate of Status
Suite, Apt. 4, EST ZOS City S	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. State Zip Code FL 3283
8. I, being appointed the redistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505.05.7.0503. F.S. Signature of Registered Agent 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 Moria T CRUZ 18419	7 Falcon forc BIVD Orlando FL 3283&
VP Carlos G Chaz 1879 Falcon Perc BIND #205 orlando FL 32838	
D LAKANDWA A CRUZ 10419	Falcon Perc Blud 205 Orlando, FL 32832
D Mutyo A GZ 10419	Follow Parc Blub # or Orlando, FL 32832
D ERLINDA SENTENZ 182 BA	CLONS (D) LONG OF MIREDAN 9 EXAMINER
10. E-mail Address: MTCRUZO9@Yahoo.com FFR 23 2010	
(To be used for future annual report notification)	
11. 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 filling 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. I further certify, 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 SI	IGNING OFFICER OR DIRECTOR Date Daytime Phone #

January 26, 2010

U.S. MAIL

Division of Corporations p.o. box 6327 Tallahassee, Fl 32314

RE: Reinstatement of Island Sunrise, Inc.,

Please find the fully executed corporate reinstatement form for the above captioned corporation. Unfortunately, we did not receive our most recent notification regarding annual reports. Upon review of the sunbiz website we realized that the mailing address of 3209 Parkchester Square Blvd, Apartment 205 Orlando, Fl 32835 was inadvertently listed. The correct address is 10419 Falcon Parc Blvd, Apt 205, Orlando, Fl 32832. We believe a former accountant who worked on some issues for the corporation may have inadvertently transcribed this address. Accordingly we are asking the department to waive the penalty and reinstate the corporation.

Sincerely,

Maria Cruz