PI FASE READ	ALL INSTRUCTION	NS REFORE C	OMPLETIN	JG THIS FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTI Sandra B. I Secretary	PARTMENT OF STATE ra B. Mortham retary of State LOF CORPORATIONS			
DOCUMENT # 202 000151090			FILED		
DOCUMENT # PAB 000025690 1. Corporation Name SUNRISE DEVELOPMENT CORPORATION			97 AUG 21 AM 8:21		
Principal Place of Business Mailing Address			SEÇRETARY OF STATE TALLAHASSEE, FLORIDA		
1202 - C SPANISH CAY LAWE P.O. BOX 10886					
PUNTA GORDA FL 33950 NAPLES FL 34101			REINSTATEMENT 90-97		
If above addresses are incorrect in any way, line through incorrect information and enter cor 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Ap			Date Incorpora	ated or Qualified	
Suite, Apt. #, etc.	ot. #, etc. Suite. Apt. #, etc.		To Do Business in Florida 04 · 07 · 93		
City & State City & State			5. FEI Number	7-02705 Applied For Not Applicable	
Zip Country	Zıp	ountry	6.	\$8.75 A	Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and Name of Officers	l/or Director (Florida nonprofit co				
Title(s) and/or Directors Of 3 (Do NOT U		Street Address of Each Officer and/or Director DT Use Post Office Box N	City / State / Zip		
P ARMSTRONG DAVID B 1202-C SPANISH CAY LANE PUNTA GORDA FL 33950					
	10212	1 100000110	77/30		
				miga.	
			8000022773081		
				****923.75 *	***\$23.75
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
ARMSTRONG DAVID B			P.O. Box Number is Not Acceptable)		
1202-C SPANISH	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
PUNTA GORDA FL 33950		City			
10. I, being appointed the registered again of the above pamed or position, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Cours Date Aug. 20 1897 REGISTERED ASENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No intangible tax.)					
12. 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 to not qualify for an exemption under section 119.07(3)(i), 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: DAVID BRUCE ARMSTRONG Consultations of Figure 2007 941-641/5263					
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECTOR	/ "	Date Daytime	Phone #