

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000034404**

1. Corporation Name

**SUNRISE AIR, INC.**

Principal Place of Business

5095 S.W. 82ND STREET  
MIAMI FL 33143-503  
US

Mailing Address

200 S. BISCAYNE BLVD.  
41ST FLOOR  
MIAMI FL 33131-2398

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
00 OCT 24 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1993

5. FEI Number

65-0408450

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	KLOCK, JOSEPH P JR	5095 S.W. 82ND STREET	MIAMI FL 33143
TAS	<del>GABRIEL R</del> Lopez, Ivan R	200 S BISCAYNE BLVD	MIAMI FL 33131
VSP AD	DECARAN-VOIGT, GABRIEL R	200 S BISCAYNE BLVD 41ST FLOOR	MIAMI FL 33131
<del>PSD</del>	<del>DAZ, S-B</del>	<del>14502 S W 18 ST</del>	<del>MIAMI FL 33100</del>
SAT	Oviedo, Luis F.	200 S Biscayne Blvd	Miami FL 33131

8. Name and Address of Current Registered Agent

KLOCK, JOSEPH P JR  
200 S BISCAYNE BLVD  
41ST FLOOR  
MIAMI FL 33131-2398

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/16/00

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 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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00  
Date

305 577 2877  
Daytime Phone #

**KE**