850 222 1222 CAPITAL CONNECTION 850 222 1222 09/27 '99 13:14 No.317 01/02 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 OCT 13 AM IN: 144 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA Corporation Name THE SUN SERVICES UNLIMITED, CORP. Mailing Address Principal Place of Business 1518 E. 4th Avenue 1518 E. 4th Avenue Hialeah, Florida 33010 Hialeah, Florida 33010 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Malling Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida New Principal Office Address, If Applicable 7/15/93 Suite, Apt. #. elc Suite, Apt. #, etc. 65-0426514 Applied For City & State City & State Not Applicable \$8.75 Additional File require for a Certificate of States Zip Country Zip Country CERTIFICATE OF STATUS DESIRED ... Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) Hialeah, Florida 33010 P,VP,T1518 E. 4th Avenue Aida Andreu REINSTATEMENT 95 000003024480---0 -10/25/99--01131--023 \*\*\*1350.00 \*\*\*1350.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Aida Andreu Benito, Luis F. Street Address (P.O. Box Number is Not Acceptable)
1518 E. 4th Avenue 2695 SW 18th ST. Suite 405 Suite, Apt. #, Etc. Miami, Florida 33145 <sup>City</sup> Hialeah 33020 10 i, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN Date This corporation owes the current year (See other side for information . on intangible tax.) Yes No No Intangible Personal Property Tax due June 30. 12.1 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 setisfies 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:

OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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