PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: OF STATE DIVISION OF COMPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION 06 MAR 22 AM II: 11 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P95000008942 1. Corporation Name W06-1259b SUNNY SANDS, INC. 200 (1200) VI 04-06 3. Mailing Office Address 2. Principal Office Address 283 Catalonia Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified Floor 2nd.To Do Business in Florida 02/02/1995 City & State City & State 5. FEI Number Applied For Coral Gables FL650622085 Not Applicable Zip Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 33134 7. Name and Address of Current Registered Agent Name RASCO REININGER PEREZ ESOUFNAZI & VIGIL, P. L. Street Address (P.O. Box Number is Not Acceptable) <u> 283 Catalonia Avenue</u> Suite, Apl. #, Etc 2nd. F160 Zip Code State City Coral Cables 33134 edistered again of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 3 20 06 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at teast 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Tilles City / State / Zio DP DIAZ, ROBERT S. 283 Catalonia Ave. 2nd. Fl Coral Gables, FL 33134 200069637122 04/0\$/06--01043--013 \*\*1050.00 200069637122 04/07/06--01043--014 \*\*\* 10. I certify that I am ap 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 pason 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurage, and my signature shall have the same legal effect as if made under oath.

Robert S. Diaz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/29

Davlime Phone #

Date