PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORAT \$118 FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State 03 JUL -8 AM11: 04 REINSTATEMENT DOCUMENT # P95000008942 1. Corporation Name SUNNY SANDS, INC. 2. Principal Office Address 3. Mailing Office Address 1560 Sawgrass Corp. Pkwy. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified
To Do Business in Florida 02/02/1995 Suite-400~ City & State City & State 5. FEI Number Applied For Sunrise, Florida 650622085 Not Applicable Zip Country Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33323 USA 7. Name and Address of Current Registered Agent Miami Corporate Systems, Inc. Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue Second Floor State Zip Code Coral G FL 33134 8. I, being appointed th ne above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 06/16/2003 Registered Agent REGISTERED AGENT MUST SIGN and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street ddresses of **E**a Street Address of Each Officer and/or Director Titles City / State / Zip Officers and/or Directors DP. Roberto Salinas Diaz 1560 Sawgrass Corp. Pkwy., Suite 400 Sunrise, Florida 33323 Maria Ramirez Rivera 1560 Sawgrass Corp. Pkwy., Suite 400 Sunrise, Florida 33323 10. I certify that I am an efficer exclirector or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. | 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

## RASCO REININGER PEREZ & ESQUENAZI, P.L.

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> José Manuel Pallí Of counsel

\*Board Certified-Business Litigation

June 27, 2003

Via Certified Mail

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 30314

Re:

Reinstatement of Sunny Sands, Inc. (the "Corporation")

Document # P95000008942

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement application for the above-referenced Corporation. Further enclosed is a check in the amount of \$450.00, which amount represents the reinstatement fee through 2003. Please be advised that Annual Business Reports for the prior years were never received, therefore, we respectfully request for a waiver of the penalty fee.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me should you have any further questions.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.

Desiree M. Cuason

For the Firm

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