

PLEASE READ ALL INSTRUCTIONS BEFORE

VOID

2007 NOV -9 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filed in error to Corp. w/ similar name.
See #F04000006586

REINSTATEMENT

CR2ED81 (1/07) **OS-07**

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000025641</u>			
1. Corporation Name <u>Sunrise Development, Inc.</u>			
2. Principal Office Address - No P.O. Box # <u>7902 Westpark Dr.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>7902 Westpark Dr. Attn: Legal</u> Suite, Apt. #, etc.	
City & State <u>McLean, VA</u>		City & State <u>McLean, VA</u>	
Zip <u>22102</u>	Country <u>USA</u>	Zip <u>22102</u>	Country <u>USA</u>
7. Name and Address of Current Registered Agent			
Name <u>CT Corporation System</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road.</u>			
Suite, Apt. #, Etc.			
City <u>Plantation</u>		State <u>FL</u>	Zip Code <u>33324</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent <u>Carrie Bays</u> Date <u>11/9/07</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres/ Director</u>	<u>William D. Shields</u>	<u>7902 Westpark Dr.</u>	<u>McLean, VA 22102</u>
<u>VP</u>	<u>James S. Pope</u>	<u>7902 Westpark Dr.</u>	<u>McLean, VA 22102</u>
<u>Treasurer</u>	<u>Carl G. Adams</u>	<u>7902 Westpark Dr.</u>	<u>McLean, VA 22102</u>
<u>Secretary Director</u>	<u>John F. Gann</u>	<u>7902 Westpark Dr.</u>	<u>McLean, VA 22102</u>
10. 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 contained in Chapter 119, 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: <u>Carl G. Adams</u>		Date <u>11/9/07</u>	Daytime Phone # <u>703-273-7500</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OFFICER OR DIRECTOR			

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850) 617-6384

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Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

SUNRISE DEVELOPMENT, INC. OF VIRGINIA

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