

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC 18 AM 10:47

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95 000042016

1. Corporation Name

Sunrise Mortgage Services, Inc.

2. Principal Office Address

4141 N. Miami Ave

Suite, Apt. #, etc.

211

City &amp; State

Miami Florida

Zip

33127

Country

USA

3. Mailing Office Address

4141 N Miami Ave

Suite, Apt. #, etc.

211

City &amp; State

Miami Florida

Zip

33127

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-30-95

5. FEI Number

650583946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

## 7. Name and Address of Current Registered Agent

Name

Richard Kinlock

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

4141 N Miami Ave.

Suite, Apt. #, Etc.

211

City

Miami

State

FL

Zip Code

33127

8. I, being appointed the registered agent 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 12-17-02

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
PRES	Richard Kinlock	4141 N Miami Ave #211	Miami, FL 33127
VP	Sofia A. Navarrete	4141 N Miami Ave #211	Miami, FL 33127

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 under section 119.07(3)(l), 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

12-17-02

Daytime Phone #

305-  
573-7303

CR2001 (9/01)

gt 12/18



**SUNRISE MORTGAGE SERVICES, INC.**

**4141 N. MIAMI AVE., SUITE 211**

**MIAMI, FLORIDA 33127**

**(305) 573-7303**

**December 17, 2002**

**To Whom It May Concern:**

**We did not receive the 2002 first and second notice of renewal corporation and we are asking that you waive the penalty fee of \$650.00 and we are sending in the renewal fee of \$150.00.**

**Sincerely,**

**Richard Kinlock  
CEO**