

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
01 FEB 22 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 796000040404

**1. Corporation Name**  
Sun Models, Inc.

**2. Principal Office Address**  
1501 3rd Avenue

Suite, Apt. #, etc.  
4th Floor

City & State  
New York, NY

Zip Country  
10028 USA

**3. Mailing Office Address**  
Herzfeld & Rubin c/o Bruce Boiko, Esq.

Suite, Apt. #, etc.  
80 S.W. 8 St., #1920

City & State  
Miami, Florida

Zip Country  
33130 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-0668220

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Bruce M. Boiko, Esq., Herzfeld & Rubin

Street Address (P.O. Box Number is Not Acceptable)  
80 S.W. 8 Street, Suite 1920

Suite, Apt. #, Etc.  
Suite 1920

City State Zip Code  
Miami FL 33130

**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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/6/01

**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
DPST	Brunel, Arnaud	524 Broadway, #524	New York, NY 10012

**REINSTATEMENT**

**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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2001  
Date

212-226-4433  
Daytime Phone #

CR2E081 (9/00)