

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 28 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000088249**

1. Corporation Name

SUNRISE Air Support, INC.

W04000037890

REINSTATEMENT 03-04

600041818756
10/12/04--01044--012 **300.00

2. Principal Office Address

1901 SW 101-AVE.

Suite, Apt. #, etc.

Bay G.

City & State

MIRAMAR FL

Zip

33025

Country

Broward

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1996

5. FEI Number

65-0714703

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

CARLOS CORREAL

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

18014 SW 13TH STREET

Suite, Apt. #, Etc.

City

Pembroke Pines, FL

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date

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
V.P.	CORREAL, CARLOS	18014 SW 13TH STREET	Pembroke Pines, FL 33029
PRESIDENT	GRASSO, GUSTAVO	18014 SW 13TH STREET	" " "

REINSTATEMENT 03-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO GRASSO

Date

10-1-04 1954/438-6703

Daytime Phone #

FILED

2 of 2

SUNRISE AIR SUPPORT, INC.

1901 SW 101 AVENUE, BAY "G"

MIRAMAR FL. 33025

PH: (954)438-6703 FAX: (954)438-3317

EMAIL: YSUNRISE@BELLSOUTH.NET

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear sir .

I, Gus Grasso am writing to ask that the \$600.00 fee for reinstatement be waved do to the fact that we did not receive the reinstatement form. I like to think that that happened because we moved and it must have gotten lost in the mail. If any thing please give me a call at 954/438-6703

Thank you,

Gus G.