PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
FINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000018410

1. Corporation Name

SUNNY FRUITS TRADING, INC.

Principal Place of Business

Mailing Address

150 SW 12TH AVENUE, #201-15

150 SW 12TH AVENUE, #201-15 POMPANO BEACH FL 33069 FILED

100 DEC -5 AM 10: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. New Prin	ddresses are incorrect in any way, line thri ncipal Office Address, If Applicable W. CYDRESS CREK Rd	ormation and enter cong Office Address, If A	pplicable	Date Incorporated or Qualified To Do Business in Florida 02/27/1997					
Suite, Apt. #, etc. Suite,			etc/ # BIIO		5. FEI Number 65-0730807			<u> </u>	Applied For Not Applicable
F4.10	buderdole, FL 09 USA	#. Lax	derdole, Country		6. CERTIFICATE	OF STATUS DESI		Addition	nal Fee required cate of Status
	and Street Addresses of Each Officer and	<u> </u>			st 3 directors)				
Title(s) 1 2			Stre	et Address of Each cer and/or Director	1	City / State / Zip			
VPT	BENHAMRON, DANIEL	150 SW 12TH AVENUE, #201-15			POMPANO BEACH FL 33069				
				VA.	50	-12/2 1	35065 0700010 750.00 *	313-	5——9. -022 750.00
~		REMS	TATEM	ENT_	0	73	÷.		
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	8. Name and Address of Current	Registered Age	ent	Name A	9. Name and Address of New Registered Agent				
•		•		\mid Ano	1 M. 1	/allett			
•			•	Street Address (P.O. Box Number is Not Acceptable) 2871 N. Ocean Blva# 2344					
."				Suite, Apt. #, Etc	aton		State	Zin Cor	10
				Bocal		<u></u>	* B - Bas	zig Cig 33	431
10. I, being Signature of Registered	Agent T			th and accept the o	bligations of Secti		s. NO U	<u>ے</u>	000
	R	EGISTERED AG	ENT MUST SIGN						
11. I certify	y that I am an officer or director or the rece	iver or trustee er olution has been	npowered to execute eliminated, the corpo	this application as parate name satisfies	provided for in cha	apter 607 or 617, of section 607.0	, F.S. I further ce 0401 or 617.0401	rtify tha	it when filing that all fees

11. 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 filling 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 DEQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV

2000

<u>(954)917361</u>

ate Daytime Pho

Daytime Phone #