

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -4 AM 9:11

DOCUMENT # P97006022528

1. Corporation Name

SUNNY CELEBRITY, Corp.
6586 UNIVERSITY Blvd., STE. 7A
WINTER PARK, FL. 32792

2. Principal Office Address

6586 UNIVERSITY Blvd.

Suite, Apt. #, etc.

7A

City & State

WINTER PARK, FL FL

Zip

32792

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650741581

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

Alba Rodriguez

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

6030 Raleigh Street

Suite, Apt. #, Etc.

Apt. 2207

City

Orlando

State

FL

Zip Code

32835

800004911398--0

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***300.00 ***300.00

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

Alba Rodriguez

REGISTERED AGENT MUST SIGN

Date

01-25-02

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.	Alba Rodriguez	6030 Raleigh St., Apt. 2207	Orlando, FL 32835

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:

Alba Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-25-02 407-2984760

Daytime Phone #

CR2E081 (9/01)