

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022984

1. Corporation Name

SUNRISE INTERNATIONAL LJW, INC.

Principal Place of Business

Mailing Address

3438 EASTLAKE ROAD, SUITE 14638  
PALM HARBOR FL 34685

3438 EASTLAKE ROAD, SUITE 14638  
PALM HARBOR FL 34685



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3432496

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	WENTZELL, ROBERT N	3438 EASTLAKE ROAD, SUITE 14638	PALM HARBOR FL 34685

700009155237  
11/21/02--01103--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WENTZELL, ROBERT N.  
610 GREEN VALLEY ROAD  
#H-1  
PALM HARBOR FL 34683

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Robert N. Wentzell*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/8/02

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 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:

*Robert N. Wentzell*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** WENTZELL

11/8/02  
Date

727-480-3769  
Daytime Phone #

CR2E040 (8/02)

**SUNRISE INTERNATIONAL LJW, INC.**

3438 East Lake Rd., Suite 14638

Palm Harbor, FL 34685

November 8, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

RE: Application for Reinstatement  
Document #P97000022984

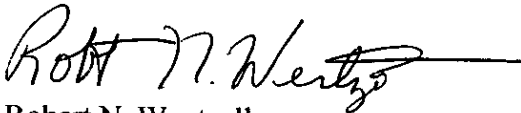
To Whom It May Concern:

Enclosed please find my Application for Reinstatement and a check for the filing fee of \$150.00.

I, respectfully, request that you please waive the reinstatement fee due to the fact that I did not receive either of the original annual Uniform Business Report filing forms. I have been out of the State of Florida from early March through the end of September. I am also considered legally blind and was relying upon assistance with my mail in the early part of the year. It has come to my attention that I never received numerous mailings.

Thank you, in advance, for your assistance in this matter.

Sincerely,



Robert N. Wentzell  
President