

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -4 PM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000022984 1. Entity Name SUNRISE INTERNATIONAL LJW, INC.					
Principal Place of Business 3438 EASTLAKE ROAD, SUITE 14638 PALM HARBOR, FL 34685			Mailing Address 3438 EASTLAKE ROAD, SUITE 14638 PALM HARBOR, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		12162004 REIN-P CR2E098 (6/04) <i>MRS</i>	
Zip		Country		4. FEI Number 59-3432496	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. 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) 300 GLENNES LAKE, #104		
			City DUNEDIN		
			FL Zip Code 34698		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Robert N. Wentzell</i>			DATE 12/28/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			<h1 style="margin: 0;">REINSTATEMENT</h1> 04		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WENTZELL, ROBERT N 3438 EASTLAKE ROAD, SUITE 14638 PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100043951381 01/04/05--01043--013 <input type="checkbox"/> Change <input type="checkbox"/> Addition **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert N. Wentzell</i>			Date 12/28/04		Daytime Phone # 727-480-3769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #