

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

900

FILED

00 FEB 24 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028788

1. Corporation Name

SUNRISE IMMIGRATION SERVICES, INC.

Principal Place of Business

30 W. SUNRISE BLVD.
FT LAUDERDALE FL 33311

Mailing Address

30 W. SUNRISE BLVD.
FT LAUDERDALE FL 33311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1997

5. FEI Number

65-0738628

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HONORE, MATHIAS	30 W. SUNRISE BLVD.	FT LAUDERDALE FL 33311
VP	MONROE, D. HONORE D.	30 W SUNRISE BLVD	FT LAUDERDALE FL 33311
D	MONROE, M. HONORE M.	30 W SUNRISE BLVD	FT LAUD FL 33311

REINSTATEMENT 99-00

TS

8. Name and Address of Current Registered Agent

HONORE, MATHIAS
30 W. SUNRISE BLVD.
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

2000003161512--1

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

09/08/00--01014--015

Suite, Apt. #, Etc.

****900.00 ****900.00

City

State

Zip Code

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

02-17-00

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

Date

Daytime Phone #

02-17-00