PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State 99 J'H - 1 PH 2: 06 REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** Shirt Shirt Shirt WRAPP N Roll GAILL OF SUNSET, INC. 900002896609--- 2 -06/07/99--01108--025 Principal Place of Business \*\*\*\*908.75 \*\*\*\*908.7S 7310 RED ROAD 800 Douglas South MIAMI IFC If above addresses are incorrect in any way, line through incorrect information and enter correction below 3 New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 650 751546 CERTIFICATE OF STATUS DESIRED 🔀 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip Pres Bruce Arthur 93 95 SW 106 ST, MIAMI, FL 3317 C V.P. DIA DAW HITCHCOUL DIA 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ERIC KRISMAN JAME Riegler Street Address (PO Box Number is Not Acceptable)
12724 5W 96 75KA.
Suite. Apt #, Etc. 12651 S. Dixit Huy 33156 MIAMI, FL State Zip Code FL 33/84 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 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year on intangible tax.) Intangible Personal Property Tax due June 30. 12.1 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 cert by 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 ± 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 LILLY Chapman Jerlyn Chapman 5-28.99
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. LIC.