

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000092580

1. Entity Name
SUNRISE INTERNATIONAL ENTERPRISES, INC.



FILED

04 NOV -8 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

168 SE 1ST ST.
1105
MIAMI, FL 33131

Mailing Address

2215 SW 24 ST
MIAMI, FL 33145

2. Principal Place of Business

2215 SW 24 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0790374

Applied For

Not Applicable

Zip

33145

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PODBODY GARCIA, JACQUELINE
2215 SW 24TH STREET
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
JACQUELINE POBBOY-NAVARRO

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

2215 SW 24 ST

City Miami

FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J. POBBOY-NAVARRO

10/12/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PODBOY GARCIA, JACQUELINE
2215 SW 24TH STREET
MIAMI, FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GARCIA, DANIEL
2215 SW 24 ST
MIAMI, FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700042557697
11/08/04--01043--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

DANIEL GARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RESID

10/12/04

305-858-7840