PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 20 PM 1:50
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024935

1. SUNRISE REGIONAL, INC.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. 1550 MADRUGA AVENUE
SUITE 208
CORAL GABLES, FL
33146 US

3. P.O. BOX 430740
MIAMI, FL
33243-0470 US

4. 3/17/1998

5. 650820269

6. ☑ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name:
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

TALLAHASSEE State FL Zip Code 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I am (we are) not omitted the registered agent of the above named corporation, am (are) familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Joyce L. Markley as its agent
REGISTERED AGENT MUST SIGN

Date 7/20/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PIERCEY, MICHAEL C., M.D.	1550 MADRUGA AVENUE, #208	CORAL GABLES, FL 33146
VP	LLANO, MANUEL R.	1550 MADRUGA AVENUE, #208	CORAL GABLES, FL 33146

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10. I am an officer or director of 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 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 due the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: Michael C. Piercey 7/13/07 914-538-6468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 7/20