PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 3:55

DOCUMENT # **P98000032672**

1. Corporation Name

SUNRISE GLOBAL MARKETING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 83477 SAN DIEGO CA 92138	P.O. BOX 83477 SAN DIEGO CA 92138

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1 Financial Plaza	
Suite, Apt. #, etc.: Suite 130, PMB 3058	Suite, Apt. #, etc.
City & State: Fort Lauderdale	City & State
Zip: 33394 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/09/1998

5. FEI Number: 65-0839003 ☐ 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
P	CILLIERS, CHRISTIAAN	~~1007 NORTH AMERICA WAY, SUITE 60~~ 1 Financial Plaza Suite 130	~~MIAMI FL 33132~~ Fort Lauderdale, FL 33394
V/S	CILLERS, DAPHNE	~~1007 NORTH AMERICA WAY, SUITE 59~~ 1 Financial Plaza Suite 130	~~MIAMI FL 33132~~ Fort Lauderdale FL 33394
			200003469312--5 -11/17/00--01095--012 ****750.00 ****750.00

AB 11/15

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CILLIERS, DAPHNE L 1007 NORTH AMERICA WAY, SUITE 597 MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable): 1 Financial Plaza ~~Suite 130~~, Suite, Apt. #, Etc.: Suite 130, PMB 3058 City: Fort Lauderdale State: FL Zip Code: 33394

CR2E040 (8/00)

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: Daphne L Cilliers SIGNATURE REQUIRED Date: 10-27-00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Daphne L Cilliers DAPHNE L. CILLIERS 10-27-00 714-394-1432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106378 AF