


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000044122**

1. Corporation Name

SUNSET GROUP INTERNATIONAL, INC.

Principal Place of Business

13505 SW 98 CT
MIAMI FL 33176

Mailing Address

13505 SW 98 CT
MIAMI FL 33176

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

05/15/1998

5. FEI Number

65-0384093

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
PD	CRUZ, ELIAS SR.	13505 S.W. 98TH COURT	MIAMI FL 33176
VD	CRUZ, ESTHER	13505 S.W. 98TH COURT	MIAMI FL 33176
TD	CRUZ, OELSA T	7320 S.W. 72ND AVENUE	MIAMI FL 33143
SD	CRUZ, ELIAS	7320 S.W. 72ND AVENUE	MIAMI FL 33143
REINSTATEMENT <u>DL</u>			

8. Name and Address of Current Registered Agent

CRUZ, OELSA T
7320 S.W. 72ND AVE
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name Esther A. Cruz
Street Address (P.O. Box Number is Not Acceptable)
13505 SW 98CT
Suite, Apt. #, Etc. N/A
City Miami
State FL Zip Code 33176

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

Date

10/19/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Esther A. Cruz Esther A. Cruz

10/19/01