PLEASE READ AL NSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

00 AUG -2 PM 2:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

P98000096233

1. Corporation Name

SUNRISE DEVELOPMENT GROUP. INC.

Principal Place of Business 5750 S.W. 67th Avenue Miami. Florida 33143 Miami. Florida 33				ue 3				
If above addresses are incorrect in any way, line th 2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 11/16/1998 5. FEI Number 05-09352/0 Not Applicable			
								City & State Country
		Zip	Country	Zip		one must list at le	L	
7. Names a	and Street Addresses of Each Officer an Name of Officers and/or Directors	d/or Director (Flo		et Address of Eac er and/or Directo Post Office Box N		C 4	ity / State / Zip	
Title(s)	Puig, Juan F.		3 (Do NOT Use) 5750 S.W.		i	Miami. Fl	orida 33143	
			REINS	STATE		-08/23/00 ****908		
	-8. Name and Address of Curre	gent		9. Name and Address of New Registered Agent				
-,	Puiq. Juan F. 5750 S.W. 67th Aven Miami. Florida 331	ue 43		Suite, Apt. #, I	Etc.	er is Not Acceptable)	State Zip Code	
Signature Registere	ed Agent	REGISTERED r has paid	AGENT MOST SIGN	ear r	e obligations of Se	Date 7.	a other side for information on intangible tax.)	
12. I cer	ntangible Personal Propertify that I am an officer or director or the reinstatement application, the reason for d by the corporation have been paid and his application is true and accurate, and	receiver or truste	e empowered to execu-	te this application	as provided for in slies the requireme	chapter 607 or 617, F.S	S. I further certify that when fi	