

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -7 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000096233**

1. Corporation Name

Sunrise Development Group Inc.

2. Principal Office Address

5750 SW 67th Ave

Suite, Apt. #, etc.

NA

City & State

Miami Florida

Zip

33143

Country

USA

3. Mailing Office Address

5750 SW 67th Ave

Suite, Apt. #, etc.

NA

City & State

Miami FL

Zip

33143

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-16-98

5. FEI Number

650935216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Juan Fernandez Puig

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

5750 SW 67th Ave

Suite, Apt. #, Etc.

NA

City

Miami FL

700005072187-0

03/08/02 01011 011

******900.00 ****900.00**

State

FL

Zip Code

33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/31/02

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	Juan Fernandez Puig	5750 SW 67 Ave	Mia FL 33143
D	Juan Fernandez Puig	5750 SW 67 Ave	Mia FL 33143

10. 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:

JUAN FERNANDEZ PUIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/02

Daytime Phone #

305.785.4839

CR2E081 (9/01)