

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

109C 10/22

APPLICATION
FOR



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

FILED

00 OCT -9 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103237

1. Corporation Name

SUNRISE SALES CONSULTANTS, INC.

Principal Place of Business

Mailing Address

10001 N.W. 50TH ST., SUITE 202
SUNRISE FL 33351

10001 N.W. 50TH ST., SUITE 202
SUNRISE FL 33351

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0890016

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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
PSD	REYNOLDS, JUACANE	10001 N.W. 50TH ST., SUITE 202	SUNRISE FL 33351
VTD	REYNOLDS, ADRIENNE	10001 N.W. 50TH ST., SUITE 202	SUNRISE FL 33351
			W4BR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORELL, ROBERT S ESQ.
500 N.E. FOURTH ST., SUITE 100
FT. LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

954-747-

Daytime Phone #

4340

01/21/00 90581 W3 15000

CR2E040 (8/00)

Sales Consultants® of Sunrise

10001 NW 50th St, Suite 202
Sunrise, FL 33351
(954) 747-4340
FAX (954) 747-4342

Intelligent Staffing Solutions

Search and Recruitment Interim Placement
Office Staffing Videoconferencing Compatibility Assessment

page 2 of 2

October 13, 2000

Department of State
409 East Gaines
Tallahassee, FL 32399
Attn: Tyrone Scott
via Federal Express: #8215 8147 0851

Gentlemen:

Enclosed please find a copy of our check #10366 dated January 14th, 2000, front and back. This check was cashed on January 21, 2000.

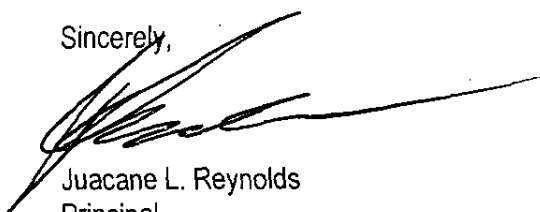
On or about February 17th, we received a letter stating the original report was missing our FEI number. On that same date, the form was sent back to you with a copy of our IRS letter confirming that we had an FEI number issued.

On or about May 15th, we again received a letter stating that the report had not been filed as the FEI number had not been received. Again, the form was sent back to you with proof of FEI number.

Today, October 13, 2000, we received a notice of revocation or dissolution of our corporation.

Please be advised that we have complied with all requests for information and want all late fees waived and our corporation status activated upon receipt of this letter.

Sincerely,


Juacane L. Reynolds
Principal

JLR/nb
enc.