

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

POP0000075758

1. Corporation Name

SUNRISE HOME DEVELOPMENT, INC.

FILED
00 DEC 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Office Address

185 ATLANTIC BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

700 W 76ST

Suite, Apt. #, etc.

City & State

Key Largo

City & State

HIALEAH, FL

Zip

33037

Country

Zip

33014

Country

DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/99

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAUL L. MARTINEZ

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

700 W 76 STREET

Suite, Apt. #, Etc.

60000353374E--2

-01/11/01--01105-013

****750.00 ****750.00

City

HIALEAH

State

FL

Zip Code

33014

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

Raul Martinez

REGISTERED AGENT MUST SIGN

Date 12/15/00

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.V.D	JESUS MONTEAGUDO	P.O. Box 1819	Key Largo, FL 33037
S	RAUL L. MARTINEZ	700 W 76ST	HIALEAH, FL 33014

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:

Raul Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/00

Date

Daytime Phone #

CR2E081 (9/99)