

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY 25 PM 2:32

Uniform Business Report UBR

DOCUMENT # V06463

1. Corporation Name
 SUNYCON, INC.

2. Principal Office Address
 79 Isle of Venice Dr.

3. Mailing Office Address
 90 Isle of Venice Dr.

Suite, Apt. #, etc.
 Apt. 5

Suite, Apt. #, etc.
 Unit # 4a

City & State
 Fort Lauderdale, FL

City & State
 Fort Lauderdale, FL

4. Date Incorporated or Qualified To Do Business in Florida
 01/13/1992

5. FEI Number
 650303634

Applied For
 Not Applicable

Zip
 33301

Country
 USA

Zip
 33301

Country
 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Ulrich Zoellin

Street Address (P.O. Box Number is Not Acceptable)
 90 Isle of Venice, Unit 4 a

Suite, Apt. #, Etc.
 Unit 4 a

City
 Fort Lauderdale,

State
 FL

Zip Code
 33301

300004458043--6
 -07/03/01--01055-012
 ****300.00 **** 300.00

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 *Zoellin* *Zoellin* Date 05/23/2001
 REGISTERED AGENT MUST SIGN

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	MUELLER, HENRIK	79 ISLE OF VENICE	FORT LAUDERDALE, FL33301
VP	MUELLER, MARGOT	79 ISLE OF VENICE	FORT LAUDERDALE, FL33301

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: *Henrik Mueller* HENRIK MUELLER 05/23/2001 (954) 763-5501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Phone #

CR2001 (9/00)