

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 11:26

1 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V11279

1. Corporation Name

SUNRISE CAR PROTECTION, INC.

REINSTATEMENT 01-04

700025968427
01/26/04--01011--016 **150.00

700025968427
01/05/04--01014--004 **450.00

2. Principal Office Address

5896 N.W. 125th Terr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Zip

33076

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-31-92

5. FEI Number

65-0311595

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

GUSTAVO E. CARVAJAL

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

5896 N. W. 125th Terr.

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33076

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

Gustavo E. Carvajal

REGISTERED AGENT MUST SIGN

Date 12-28-03

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
DPS	CARVAJAL, Gustavo E.	5896 NW 125th Terr.	Coral Springs, FL 33076

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:

Gustavo E. Carvajal G. CARVAJAL

12-29-03

954-791-5763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)