


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 30 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>V20736</i>			
1. Corporation Name <i>TEQUILA SUNRISE CORPORATION</i>			
2. Principal Office Address <i>3894 SW 8 ST</i>		3. Mailing Office Address <i>PO Box 370925</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>CORAL GABLES</i>		City & State <i>MIAMI</i>	
Zip <i>33134</i>	Country <i>USA</i>	Zip <i>33137</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>3/12/1992</i>	
5. FEI Number <i>65-0604312</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

2001-2003

7. Name and Address of Current Registered Agent	
Name <i>JACK YAFFER</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>3894 SW 8 Street</i>	
Suite, Apt. #, Etc.	
City <i>CORAL GABLES</i>	State <i>FL</i>
Zip Code <i>33134</i>	

*12/31/03-01004-006 ** 102.50*

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

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
<i>P/D</i>	<i>BAUTISTA Perez</i>	<i>3894 SW 8 ST</i>	<i>CORAL GABLES FL 33134</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/03

305-7760415

CR2E081 (10/02)

165