

**2023 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F15000001888

**Entity Name:** SUNRISE PHARMACEUTICAL INC**Current Principal Place of Business:**665 EAST LINCOLN AVENUE  
RAHWAY, NJ 07065**Current Mailing Address:**665 EAST LINCOLN AVENUE  
RAHWAY, NJ 07065**FEI Number:** 20-1492434**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SONI, ASHISH  
830 TRUMAN AVENUE  
KEY WEST, FL 33040 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ASHISH SONI

10/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | CEO                 |
| Name            | PATEL, UTPAL        |
| Address         | 8 WILLIAMS CREST    |
| City-State-Zip: | PARK RIDGE NJ 07656 |

|                 |                     |
|-----------------|---------------------|
| Title           | P                   |
| Name            | PATEL, JAYANTI      |
| Address         | 8 WILLIAMS CREST    |
| City-State-Zip: | PARK RIDGE NJ 07656 |

|                 |                      |
|-----------------|----------------------|
| Title           | EXV                  |
| Name            | BHALLA, DEEPAK       |
| Address         | 30 RIVER COURT #1410 |
| City-State-Zip: | JERSEY CITY NJ 07310 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | DESAI, NARSHINH     |
| Address         | 2 WILLIAM CREST     |
| City-State-Zip: | PARK RIDGE NJ 07656 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | DESAI, DINESH       |
| Address         | 2 WILLIAM CREST     |
| City-State-Zip: | PARK RIDGE NJ 07656 |

|                 |                               |
|-----------------|-------------------------------|
| Title           | D                             |
| Name            | PATEL, KANU                   |
| Address         | 20854 PINEY MEETINGHOUSE ROAD |
| City-State-Zip: | POTOMAC MD 20854              |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAYANTI PATEL**PRESIDENT**

10/02/2023

Electronic Signature of Signing Officer/Director Detail

Date