PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708499

1. Corporation Name: Sugar Mill Workers Building Association, In

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
810 Palm Beach Rd	P. O. Box 903
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Bay, FL	City & State: South Bay, FL
Zip: 33493 Country: U.S.A	Zip: 33493 Country: U.S.A

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 2-19-1965

5. FEI Number: 59-6152194 ☐ 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: JOAQUIN Almazan

Street Address (P.O. Box Number is Not Acceptable): 903 N.E 20th St

Suite, Apt. #, Etc.:

City: Belle Glade State: FL Zip Code: 33430

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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: Joaquin Almazan Date: 7-23-14
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
President	Edward Garcia	301 N.W. Ave A	Belle Glade, FL 33430
Vice President	Santiago Lopez III	501 N.W 18th St	Belle Glade, FL 33430
Secretary Treasurer	JOAQUIN Almazan	903 N.E 20th St.	Belle Glade, FL 33430
Recording Secretary	William Bland	295 NW 11th Ave	South Bay, FL 33493
		JUL 29 2014	
	REINSTATEMENT	R. HUNT	

10. E-mail Address: JOAQUINOK6@AOL.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Edward Garcia 7-23-14 561-755-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #