

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 499778

1. Corporation Name

SUN AND SHADE PLANTS, INC.

Principal Place of Business  
2009 S.W. 67 Avenue  
Miami, Florida 33155

Mailing Address  
2009 S.W. 67 Avenue  
Miami, Florida 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
6874 S.W. 114 Place

3. New Mailing Office Address, If Applicable  
6874 S.W. 114 Place

Suite, Apt. #, etc.  
Unit A

Suite, Apt. #, etc.  
Unit A

City & State  
Miami, FL

City & State  
Miami, FL

Zip 33173

Country USA

Zip 33173

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3/25/76

5. FEI Number  
59-1652537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Antonio L. Nunez	6874 S.W. 114 Place Unit A	Miami, FL 33173
D	Maria Antonieta Ferro de Nunez	6874 S.W. 114 Place Unit A	Miami, FL 33173
D	Maria Antonieta Nunez de Vidal	6874 S.W. 114 Place Unit A	Miami, FL 33173
D/S/T	Antonio E. Nunez	6874 S.W. 114 Place Unit A	Miami, FL 33173
			000002754900--S -01/26/99--01048--010 ***308.75 ***308.75

8. Name and Address of Current Registered Agent

Mauro J. Cabrera  
2009 S.W. 67 Avenue  
Miami, Florida 33155

9. Name and Address of New Registered Agent

Name  
Corporation Company of Miami  
Street Address (P.O. Box Number is Not Acceptable)  
201 South Biscayne Boulevard  
Suite, Apt. #, Etc.  
Suite 1600  
City  
Miami  
State  
FL  
Zip Code  
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

By:

Lalaine A. Landau

REGISTERED AGENT MUST SIGN Assistant Secretary

Date

Jan 20, 1999

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Antonio E. Nunez

1/20/99

(305) 412-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #