

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 21 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 643535

1. Corporation Name

Sun Elastic Corporation

100005500671--1
-05/09/02--01055--011
***1050.00 ***1050.00

2. Principal Office Address

1125 Castile Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A.

3. Mailing Office Address

1125 Castile Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A.

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/31/79

5. FEI Number

591956306

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

Steven W. Davis, c/o Boies, Schiller & Flexner LLP

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

Suite 2800

City

Miami

State

FL

Zip Code

33131

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

Date

4-3-02

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
PS	Bukele, Roberto	1125 Castile Avenue	Coral Gables, FL 33134

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

Roberto Bukele

Date

4-3-02

Daytime Phone #

(305) 569-6332

CR2E081 (9/01)