

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/06/02--01054--001
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REINSTATEMENT

DOCUMENT # *H 81355*

1. Corporation Name

*Sun Equipment And Engineering,
INC. OF FORT LAND*

2. Principal Office Address

5401 NW 15th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

3. Mailing Office Address

5401 NW 15th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

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

10-17-85

5. FEI Number

59-2613983

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

WALLACE WATSON

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

16202 NW 14th Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

Wallace Watson

Date

5-14-2002

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
<i>P</i>	<i>WALLACE WATSON</i>	<i>16202 NW 14th Street</i>	<i>Pembroke Pines, FL 33028</i>
<i>V</i>	<i>DEBRAH RAPINARDI</i>	<i>16202 NW 14th Street</i>	<i>Pembroke Pines, FL 33028</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:

Wallace Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALLACE WATSON

Date

MAY 14, 2002

Daytime Phone #

954-359-9288

CR2E001 (8/01)