

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -8 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009942681

01/08/03--01020--003 \*\*1950.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K20779

1. Corporation Name

SUN PLASTERING, INC.

2. Principal Office Address

13233 S.W. 85 Lane

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

Dade

3. Mailing Office Address

13233 S.W. 85 Lane

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

4/12/88

5. FEI Number

65-0055646

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

Orlando Ibanez

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

13233 S.W. 85 Lane

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33183

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

*Orlando Ibanez*

REGISTERED AGENT MUST SIGN

Date 12/30/02

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
PD	Orlando Ibanez	13233 S.W. 85 Lane	Miami, FL 33183

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:

*Orlando Ibanez*

Orlando Ibanez

12/30/02

(305) 386-1547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

js 1/8