

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 # **M16213**

1. Corporation Name

SUNWARD CORPORATION

Principal Place of Business

3301 SW 109 AVENUE
MIAMI FL 33165

Mailing Address

3301 SW 109 AVENUE
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1985

5. FEI Number

59-2542000

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PTD	BRAVO, GLADYS G	3301 SW 109 AVENUE	MIAMI FL 33165
PTD	BRAVO, JORGE J	3501 SW 109 AVE	MIAMI FL 33165
VD	PEREZ-ALEMAN, ARMANDO J.	8480 SW 94 ST	MIAMI, FL 33156
SD	BRAVO, GLADYS G	3501 SW 109 AVE	MIAMI, FL 33165

500002009215--6
11/28/96 01015 012
****375.00 ****375.00

8. Name and Address of Current Registered Agent

BRAVO, GLADYS G
3501 SW 109 AVE
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

BRAVO, JORGE J

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

3501 SW 109 Ave

Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33165

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **Nov. 4-1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(b), 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]
GLADYS G. BRAVO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 4, 1996

(305) 226-2360