

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 26 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10991**

1. Corporation Name

SUNSET PALMETTO INDUSTRIAL PARK ASSOCIATION, INC.

2. Principal Office Address

% LARRY D. PARKS, Esq.

Suite, Apt. #, etc.

7460 SW. 130th Street

City & State

Miami Florida

Zip

33156

Country

Miami-Dade

3. Mailing Office Address

% LARRY D. PARKS, Esq.

Suite, Apt. #, etc.

7460 SW. 130th Street

City & State

Miami Florida

Zip

33156

Country

Miami-Dade

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

09/06/85

5. FEI Number

N/AE

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

LARRY D. PARKS, Esq.

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

7460 SW. 130th Street

Suite, Apt. #, Etc.

Miami Florida

City

Miami

State

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0903, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

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-10/05/00--01021--022
Date *****673.75 ***673.75**

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
STD	Manolo Fernandez	8380 NW 64th St #201 Miami, Florida	Miami Florida 33166
PD	Francisco Mestry	8380 NW 64th St #201 Miami, Florida	Miami Florida 33166
D	Arnoldo Velez	111 S. Bayshore #11 Miami	Miami Florida 33131

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

[Signature]
Date

Daytime Phone #