PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000002218

1. Corporation Name
SOUTHERN PLATING SPECIALTIES OF MIAMI, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
4967 E. 10th LN.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL.	City & State
Zip: 33013 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/07/2000

5. FEI Number: 65-0972078 ☐ 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: RAMON A. LLOVET

Street Address (P.O. Box Number is Not Acceptable): 4967 E. 10th LANE

Suite, Apt. #, Etc.:

City: HIALEAH State: FL Zip Code: 33013

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: 9/9/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RAMON A LLOVET	4967 E 10th LN.	HIALEAH, FL 33013
TD	RAMON B. LLOVET	4967 E. 10th LN	HIALEAH, FL. 33013
VP	JOHN L. LLOVET	4967 E 10th LN.	HIALEAH, FL 33013

10/08/04--01062--003 **900.00

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: _____ 9/9/04 305-688-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #