

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000002218	
1. Corporation Name SOUTHERN PLATING SPECIALTIES OF MIAMI, INC.	
2. Principal Office Address 4967 E. 10 th LN. Suite, Apt. #, etc.	3. Mailing Office Address SAME Suite, Apt. #, etc.
City & State HIALEAH, FL.	City & State
Zip 33013	Country U.S.

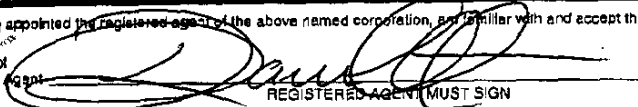
04 OCT -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

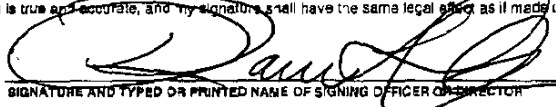
4. Date Incorporated or Qualified To Do Business in Florida	01/07/2000
5. FEI Number	65-0972078
6. CERTIFICATE OF STATUS DESIRED ☒	Applied For Not Applicable

7. Name and Address of Current Registered Agent	
Name RAMON A. LLOVET	
Street Address (P.O. Box Number is Not Acceptable) 4967 E. 10 th 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

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. 10 th LN.	HIALEAH, FL 33013
TD	RAMON B. LLOVET	4967 E. 10 th LN.	HIALEAH, FL 33013
VP	JOHN L. LLOVET	4967 E. 10 th LN.	HIALEAH, FL 33013

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)(f), 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: 	Date 9/9/04	Daytime Phone # 305-688-6511
--	-------------	------------------------------