

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # **P00000077311**

1. Corporation Name

SUNNY BOYS NURSERY, INC.

Principal Place of Business

**23250 SOUTHWEST 187TH AVENUE
MIAMI FL 33031**

Mailing Address

**23250 SOUTHWEST 187TH AVENUE
MIAMI FL 33031**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2000

5. FEI Number

65-1033952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PSD	RETT, ONIVALDO	23250 SOUTHWEST 187TH AVENUE	MIAMI FL 33031
VTD	VEGA, GUILLERMO S	23250 SOUTHWEST 187TH AVENUE	MIAMI FL 33031

000008628880
10/28/02--01098--015 **150.00

02 USE TO

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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. or 617.0505, F.S.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent

BY: **SIGNATURE REQUIRED**

NATALIA Utrera, Vice President SIGN

Date

10/23/02

11. 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 REQUIRED
ONIVALDO RETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

786-243-2141

Daytime Phone #

CR2E040 (8/02)

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To: State of Florida
Department of State
Division of Corporations

From: Onivaldo Rett
President - Sunny Boys Nursery, Inc.

Reference Document # P00000077311

To Whom It May Concern,

I am writing to you to request reinstatement for my S corporation, Sunny Boys Nursery, Inc. Please find enclosed my application and reinstatement fee. I did not receive any prior UBR notices concerning Sunny Boys Nursery, Inc. and I certainly wish to remain doing business.

Thank-you for your consideration,