

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000099412

1. Entity Name  
SEBASTIAN'S AWNING MAINTENANCE, INC.



FILED

04 NOV 22 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5704 PRISCILLA LANE  
LAKE WORTH, FL 33463

Mailing Address  
5704 PRISCILLA LANE  
LAKE WORTH, FL 33463

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number  
65-1146029

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, HEBERT M  
8965 OKEECHOBEE BLVD 2-301  
ROYAL PALM BEACH, FL 33411

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LOPEZ, HEBERT M  
STREET ADDRESS 8965 OKEECHOBEE BLVD 2-301  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

☐ Change ☐ Addition  
900042925399  
11/22/04--01036--013 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEBERT M. LOPEZ

11/15/04

Date

Daytime Phone #