

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000099412

1. Corporation Name

SEBASTIAN'S AWNING MAINTENANCE, INC.

Principal Place of Business

Mailing Address

5169 PINE ABBEY DR. SOUTH  
WEST PALM BEACH FL 33415

5169 PINE ABBEY DR. SOUTH  
WEST PALM BEACH FL 33415

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

2. New Principal Office Address, If Applicable

5704 PRISCILLA LANE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5704 PRISCILLA LANE  
Suite, Apt. #, etc.

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

Zip

33463

Country

Zip

33463

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2001

5. FEI Number

65-1146029

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LOPEZ, HEBERT M	8965 OKEECHOBEE BLVD 2-301	ROYAL PALM BEACH FL 33411

REINSTATEMENT

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

1082

FILED

03 OCT 23 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



300024054103  
10/23/03--01075--011 \*\*\*150.00

03

CR2E040 (7/03)

20f2

October 16, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Sebastian's Awning Maintenance, Inc.  
P01000099412  
Reinstatement

To Whom It May Concern:

Yesterday I called your offices in reference to the above and was told to write a letter explaining why I had not paid the \$150.00 of the corporation.

The reason is that I never received a notice to pay this report. Maybe this happened because I have a new address but I gave the change of address in the post office but I never had the report forwarded to me. This is the first one I received.

Sincerely,  
Hebert M. Lopez, President