

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 DEC -7 AM 11:49

DOCUMENT #

PJ200034359

1. Corporation Name

Services Unlimited Network  
Associates INC.

2. Principal Office Address - No P.O. Box #

20846 SNAPPER PL

3. Mailing Office Address

20846 SNAPPER PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CUTLER Bay, FL

City & State

CUTLER Bay, FL

Zip

33189

Country

USA

Zip

33189

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

11-3828909

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: Roberto Noel Cruz

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

20846 SNAPPER PL

Suite, Apt. #, Etc.

City

CUTLER Bay

State

FL

Zip Code

33189

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12-05-07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roberto Noel Cruz	20846 SNAPPER PL	CUTLER Bay, FL, 33189
			800113159108 12/14/07--01048--016 **350.00
			B12/7/07
			REINSTATEMENT 03-07
			800113159108 12/14/07--01048--014 **500.00
			800113159108 12/14/07--01048--015 **500.00

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 contained in Chapter 119, 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

12/5/07

Date

Daytime Phone #

they want  
this to be file  
with the penalty

This letter was attach by LAZARUS  
on 12/7/07

TS. 12/7/07