

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 OCT -6 PM 4:24

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000056660					
1. Corporation Name SUNBLOCK WINDOW FILM CORP.					
2. Principal Office Address 13186 SW 130 terrace Subs. Apt. #, etc. suite 104 City & State Miami, FL Zip 33186 Country USA			3. Mailing Office Address 13186 SW 130 terrace Subs. Apt. #, etc. suite 104 City & State Miami, FL Zip 33186 Country USA		
4. Date incorporated or qualified to do business in Florida 05/21/2002					
5. FEI Number 331006332				Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ SEE INSTRUCTIONS FOR FILING OF CERTIFICATE OF STATUS					
7. Name and Address of Current Registered Agent					
Name ALONSO & GARCIA, PA					
Street Address (P.O. Box Number is Not Acceptable) 300 Sevilla Avenue					
Subs. Apt. #, Etc. Suite 201					
City Coral Gables, State FL Zip Code 33134					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept (ing obligations of statute 407.0505 or 617.0503, F.S.					
Signature of Registered Agent  Date 10/06/05					
REGISTERED AGENT MUST SIGN					
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all of them 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
VP	ALBERTO RESTREPO	13186 SW 130 Terrace #104		Miami - FL - 33186	
P	ANGELA MARIA RESTREPO	13186 SW 130 Terrace #104		Miami - FL - 33186	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in statute 607 or 617, F.S. I further certify that when filing this reinstatement application, the request 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 118.07(3)(b), 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 10/06/05 305-9718900					
PRINTED NAME AND TITLE OF SIGNED OFFICER OR DIRECTOR _____ Title _____					

REINSTATEMENT 04-05

CR26261 (8/05)

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : DOMINGO ALONSO C.P.A.
Account Number : I20020000031
Phone : (305) 448-3898
Fax Number : (305) 443-9073

CORPORATION REINSTATEMENT

SUNBLOCK WINDOW FILM CORP.

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