

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065637**

1. Corporation Name

S.L. & Sons, Inc

2. Principal Office Address

17958 SW 30 CT

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06-13-02

5. FEI Number

010717813

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

Silvio Lopez

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

17958 SW 30 CT

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

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

[Signature]

Date

10-15-03

REGISTERED AGENT MUST SIGN

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
V	Augustine Ortega	17958 SW 30 CT	Miramar, FL 33029
P	Silvio Lopez	17958 SW 30 CT	Miramar, FL 33029

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 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

Augustine Ortega

Date

10/15/03

Daytime Phone #

(954) 471-8522

CR2E081 (10/02)

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October 15, 2003-10-15

Division of Corporations
Tallahassee, Fl. 32314

Re: S.L. & Sons, Inc.
Document # P02000065637

To Whom It May Concern:

Dear sirs, I am writing this letter today due to I will like to reinstate my Corporation. We established this corporation on June 13, 2002. This is our first time under our own and we did not know that we were supposed to renew it.

All the mail I received I take to my accountant and I don't recall receiving any report for renewal.

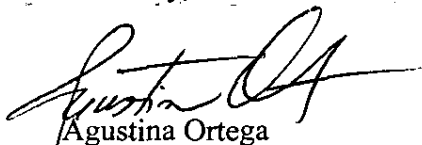
I call the Division of Corporations today and they informed to me that I was supposed to have received a Uniform Business Report. Such report was never received and apparently based on this my Corporation was dissolved.

I really appreciate your understanding on this situation. I will like to continue doing business under S.L & Sons, Inc.

Thank you in advance for your attention on this matter.

I am enclosing a check in the amount of \$150.00 as I was advised by the representative.

Sincerely,



Agustina Ortega
Vice President
S. L. & Sons, Inc.
17958 Sw 30th Ct
Miramar, Fl. 33028