

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089825

**1. Corporation Name**

Sundotcom Investments, Inc.

**2. Principal Office Address**

17471 SW 35th Street

Suite, Apt. #, etc.

City & State

Miramar, FL 33029-1609

Zip

33029-1609

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-05

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

8-19-02

**5. FEI Number**

14-1842788

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

Carlos Becerra

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

17471 SW 35th Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029-1609

800044772148

01/14/05--01024--024 \*\*308 75

**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

Carlos Becerra

Date

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
P	Carlos Becerra	17471 SW 35th Street	Miramar, FL 33029-1609
S	Nancy Jalbert	900 Bay Drive, Apt. 808	Miami Beach, FL 33141

**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:

Carlos Becerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2005

Date

(954) 665-9522

Daytime Phone #

CR2001 (01/05)

Sundotcom Investments, Inc.  
17471 SW 35<sup>th</sup> Street  
Hollywood, FL 33029-1609  
Tel: (954) 665-9522  
Fax: (305) 468-6278

January 8<sup>th</sup>, 2005

Reinstatement Division  
Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302

Ref: Request for Reinstatement and Waiver of Reinstatement Penalty for DOC# P02000089825,  
Sundotcom Investments, Inc.

Dear Sir or Madam,

Following this cover letter please find the Corporation Reinstatement report along with a check in the amount of \$308.75 (please include Certificate of Status). We understand now that the filing deadline of May 1<sup>st</sup>, 2004 had passed, but had been awaiting the UBR report for modification from the Division of Corporations which never arrived.

Hence, we respectfully request that you accept the 2004 and 2005 For Profit Corporation UBR and waive the \$600.00 penalty for 2004 due to not having received the initial report. We greatly appreciate your prompt and professional attention to this matter. Upon reinstatement we will go online and update the UBR for 2005.

Should you have any questions please do not hesitate to contact me at the number above.

Very truly yours,



Carlos Becerra  
President