

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
03 NOV 14 AM 8:00

DOCUMENT # **P02000123525**

1. Corporation Name

SUNSHINE METAL Polish, Inc.

2. Principal Office Address

1052 Hwy 92 W

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

Polk

3. Mailing Office Address

5410 S FL AVE

Suite, Apt. #, etc.

12

City & State

LAKE LAND, FL

Zip

Country

Polk

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

5. FEI Number

05-0545576

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

FRANK D PUISSEUR

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

5410 S. FL AVE

000024655990

11/14/03--01004--023 **750.00

Suite, Apt. #, Etc.

12

City

LAKE LAND

State

FL

Zip Code

33813

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]

REGISTERED AGENT MUST SIGN

Date **11/12/2003**

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	Adam Umholtz	2112 LAKE ARIANA BLVD	Auburndale, FL, 33822
VP	Vincent K To	1052 Hwy 92 W	Auburndale, FL 33823
T	FRANK D Puisseur	5410 S FL AVE, #12	Lake land, FL 33813

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2003

Date

863-271-5721

Daytime Phone #

CR2E081 (10/02)