

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

14 APR 15 PM 2:27

DOCUMENT # P03000147312

1. Corporation Name

SUNNY'S CONCRETE, INC

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

3310 Eilers Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

3310 Eilers Pkwy

Suite, Apt. #, etc.

City & State

New Port Richey FLA.

Zip

Country

34655

City & State

New Port Richey FLA.

Zip

Country

34655

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-4-03

5. FEI Number:

32-0101059

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

ALFRED SPADOLINI, III

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

3310 Eilers Pkwy

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34655

300259068573

04/15/14--01028--015 **1050.00

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

Date 4-10-14

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
ALL	ALFRED SPADOLINI	3310 Eilers Pkwy	New Port Richey FLA 34655

10. E-mail Address: JOEY SPAZ NPR @ GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-14

Date

727-9679687

Daytime Phone #

R9 4/16/14