

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000023342

1. Corporation Name

SUNSET FALL PAINTING, INC

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

932 TANGLEWOOD CIRC

Suite, Apt. #, etc.

City & State

WESTON

Zip

33327

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

HENRY SANCHEZ

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

932 TANGLEWOOD CIRC

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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 **02/17/2010**

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
PRES	HENRY SANCHEZ	932 TANGLEWOOD CIRC.	WESTON, FL 33327
S/T	ROSA CORCUERA	932 TANGLEWOOD CIRC.	WESTON, FL 33327

**M. MILLIGAN
EXAMINER**

FEB 25 2010

10. E-mail Address: **SUNSET FALL PAINTING INC @ HOTMAIL.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., 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.

SIGNATURE:

HENRY SANCHEZ

02/17/10

954-6964956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 24 AM 11:46

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

500170456215
02/24/10--01037-024 **900.00
CR2E081 (4/09)

4. Date Incorporated or Qualified

To Do Business in Florida **02/14/2005**

5. FEI Number

20-2325098

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.