

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 OCT 19 AM 1:46

STATE OF FLORIDA
GALLANESSEE, FLORIDA

DOCUMENT # P05000081781

1. Corporation Name

Suarez Grading Enterprises, Inc

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

3215 36th Ave SE

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 89579

Suite, Apt. #, etc.

City & State

Ruskin, FL

City & State

Tampa, FL

Zip

33570

Country

USA

Zip

33689

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2005

5. FEI Number
84-1681751

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

Pedro Suarez

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

3215 36th Ave SE

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33570

200319950362

10/19/18--01020--003 **633.75

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

REGISTERED AGENT MUST SIGN

Date 10/16/18

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
President	Leonor Suarez	3215 36th Ave SE	Ruskin, FL 33570
CEO	Pedro Suarez	3215 36th Ave SE	Ruskin, FL 33570

T MOORE
OCT 10 2018

10. E-mail Address:

(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

10/16/18 813-663-9037

Date

Daytime Phone #

OK TO REINSTATE BY BWTM