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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000081781

1. Corporation Name
Suarez Grading Enterprises, Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3215 36th Ave SE		PO Box 89579	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ruskin, FL		Tampa, FL	
Zip	Country	Zip	Country
33570	USA	33689	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

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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 10/16/18
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
President	Leonor Suarez	3215 36th Ave SE	Ruskin, FL 33570
CEO	Pedro Suarez	3215 36th Ave SE	Ruskin, FL 33570

T MOORE
OCT 19 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: _____ 10/16/18 813-663-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CK TO COVER OR BW TM