

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2018 OCT 29 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000147847

1. Corporation Name

SURETY FINANCIAL OF AMERICA COPORATION

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

4320 NW 72ND AVE

Suite, Apt. #, etc.

SUITE B

City & State

MIAMI, FL

Zip

33166

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900320566589  
10/29/18 2E001039 020

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FET Number

22-3947745

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

ROBERT MASTRAPA

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

4320 NW 72ND AVE SUITE B

Suite, Apt. #, etc.

City

MIAMI

State

FL

Zip Code

33166

(PW)

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

*Robert Mastrapa*

Date 10/29/18

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
PST	ROBERT D MASTRAPA	SAME	

10. E-mail Address: ROBERT@BAILYES.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:

*Robert Mastrapa*

OR DIRECTOR

10/29/18

Date

Daytime Phone #