

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000069461

1. Corporation Name

SUNCO IMPORTERS INC

700162034357
10/22/09--01033--007 **300.00

REINSTATEMENT 08-09

CR2E081 (12/08)

10/23

2. Principal Office Address - No P.O. Box #
1031 IVES DAIRY RD.

3. Mailing Office Address
1031 IVES DAIRY RD.

Suite, Apt. #, etc.
228

Suite, Apt. #, etc.
228

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33179 USA

Zip Country
33179 USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/13/07

5. FEI Number
26-0373448

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
FERNANDO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
1031 IVES DAIRY RD

Suite, Apt. #, Etc.
228

City
MIAMI

State Zip Code
FL 33179

☒ 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.

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 10/20/09

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
PSD	FERNANDO GONZALEZ	1031 IVES DAIRY RD. # 228	MIAMI, FL 33179

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/09

Date

305-788-0402

Daytime Phone #