

CAPITAL CONNECTION 330 222 1222 07725 33 10.127 10.127 10.127
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 12 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000050898

1. Corporation Name

THE SUN SERVICES UNLIMITED, CORP.

2. Principal Office Address

3. Mailing Office Address

4143 SW 74th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33155

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0426514

Applied

Not Appl

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of S

7. Name and Address of Current Registered Agent

Name

Aida Andreu

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

4143 SW 74th Court

Suite, Apt. #, Etc.

Suite B

City

Miami

State

FL

Zip Code

33155

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

Aida Andreu
REGISTERED AGENT MUST SIGN

Date 10-10-00

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
D/V/S/T	Aida Andreu	4143 SW 74th Court Suite B	Miami, FL 33155

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 under section 119.07(3)(f), 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

Aida Andreu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-00

Date

Daytime Phone #