

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 19 PH 4: 48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067320

1. Corporation Name

SUVIDY, INC.

2. Principal Office Address

21135 N.W. 37 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33056

Country

USA

3. Mailing Office Address

435 N.W. 202 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33169

Country

USA

300086461458  
01/29/07--01061--001 \*\*2400.00

REINSTATEMENT 96-07  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/93

5. FEI Number

65-0438970

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL D. EADY

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

435 N.W. 202 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33169

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 JANUARY 12, 2007

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
DCP	MICHAEL D. EADY	435 N.W. 202 TERRACE	MIAMI, FL 33169
DST	SUSAN E. BURNS	1590 N.E. 144 STREET	MIAMI, FL 33161

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: SUSAN E. BURNS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 12, 2007 305-622-9087

Date

Daytime Phone #