

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

A-1 Sunrise Construction Comp.

P 930 000 70211

2. Principal Office Address

21250 SW 344 ST.

3. Mailing Office Address

21250 SW 344 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33034

Country

Dade (U.S.A.)

Zip

33034

Country

Dade (U.S.A.)

4. Date Incorporated or Qualified
To Do Business in Florida

October 8, 1993

5. FEI Number

65-0442600

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

Dauce Pozo

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

21250 SW 344 ST

600020565258

06/06/03--01048--010 **1 058.75

Suite, Apt. #, Etc.

City

Homestead

State
FL

Zip Code
33034

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

Dauce Pozo (DAUCE POZO)

Date

06/04/03

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
PRES.	Dauce Pozo	21250 SW 344 ST	Homestead, Fl. 33034
V.P.	Antinogeno Pozo	35301 SW 213 AVE	Homestead, Fl. 33034
TRES.	Dauce Pozo	21250 SW 344 ST	Homestead, Fl. 33034
SEC.	Dauce Pozo	21250 SW 344 ST	Homestead, Fl. 33034

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)(i), 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

Dauce Pozo (DAUCE POZO)

Date

06/04/03 (788) 412-2681
(305) 245-8181

Daytime Phone #

CR2081 (10/02)