PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
DO NOT WRITE IN THIS SPACE

97 FEB 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable to: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94 00059 0083

Southern Plating Specialties, Inc.
4967 E. 10th Lane
Hialeah, Florida 33013

2. If Address in Block 1 is incorrect in any way, enter the correct address below: N/A

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below: N/A

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0511708

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $0.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir	Ramon A. Llovet	4967 E. 10th Lane	Hialeah, FL 33013
Dir	Ramon B. Llovet	4967 E. 10th Lane	Hialeah, FL 33013

REINSTATEMENT 95-97
700020936687--5
02/27/97--01046--004
***1080.00 ***1080.00

2-26-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Ramon A. Llovet
4967 E. 10th Lane
Hialeah, Florida 33013

9. If changed, new registered agent / office

Name
700020936687--5
02/27/97--01046--005
*****8.75 *****8.75

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State FL Zip

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 2/20/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director

Date

Daytime Phone # 2/20/97

Typed or printed name of signing officer or director

CR2E040 (6/96)