

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 4:00

DOCUMENT # **P94000064815**

**1. Corporation Name**

**TAMPA SUN LIFT, INC**

**2. Principal Office Address**

**2801 N ARMENIA AVE**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

Zip

Country

**33607-2642 US**

**3. Mailing Office Address**

**2801 N ARMENIA AVE**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

Zip

Country

**33607-2642 US**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**59-3267476**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

WAR 99-02

**7. Name and Address of Current Registered Agent**

Name

**CARLOS DEL SOL**

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

**2801 N ARMENIA AVE**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33607-2642**

300005025013-0  
-02/28/02-01002-009  
\*\*\*600.00 \*\*\*600.00

**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

**✓ Carlos del Sol**

REGISTERED AGENT MUST SIGN

Date **✓ 1/29/02**

**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
PTD	CARLOS DEL SOL	7209 N GUNLOCK	TAMPA FL 33614
VSD	HECTOR DIAZ	8102 MARIGOLD AVE	TAMPA FL 33614

**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:

**✓ Carlos del Sol**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/29/02**

Daytime Phone #

**289-9045**

CR2E081 (9/01)

-2

**ROBERT GARCIA, P.A.**  
CERTIFIED PUBLIC ACCOUNTANT

POST OFFICE BOX 27545  
TAMPA, FLORIDA 33623  
(813) 932-2911 FAX (813) 864-2910

MEMBER  
AMERICAN INSTITUTE OF C.P.A.'S  
FLORIDA INSTITUTE OF C.P.A.'S

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Tampa Sun Lift, Inc.  
Reinstatement Return

Gentlemen:

Enclosed you will find a fully executed Corporation Reinstatement form and a check in the amount of \$600 covering the period 2002, 2001, 2000 and 1999. Our client moved their business location and the postal service did not forward the annual report form, inadvertently causing the corporate dissolution.

We kindly ask that you waive the penalty for this error.

Thank you for your cooperation.

Sincerely,



Robert Garcia, CPA  
January 28, 2002

CH  
4721