

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 12 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001717

1. Corporation Name

SUNDAFT TOWERS INC

2. Principal Office Address

3181 W HALLANDALE BLVD
Suite, Apt. #, etc. BCH BLVD

3. Mailing Office Address

3251 SW 53 ST
Suite, Apt. #, etc.

City & State

PEMBROKE PK

City & State

FT LAUDERDALE FL

Zip

33009

Country

FL

Zip

33312

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/95

5. FEI Number

65-0559854

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

JERRY D LEIBOWITZ

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

3181 W HALLANDALE BCH BLVD #404

Suite, Apt. #, Etc.

404

City

PEMBROKE PARK

State

FL

Zip Code

33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/04

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	FLORIAN LAZUREANU	3251 SW 53 ST	FT. LAUDERDALE FL 33312
VP	FLORIAN LAZUREANU	3251 SW 53 ST	FT LAUDERDALE FL 33312

REINSTATEMENT

03-04

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/04

Date

9544540283

Daytime Phone #

CR2081 (01/04)