2 of 2

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

G. E. VINYL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

1052

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11 MAR 16 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081189

1. Corporation Name
G.E. VINYL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1190 N.W. 185th Avenue	c/o Suntecca Systems, Inc. 2, Avenue-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Leetsdale, PA
Zip: 33029 Country: Broward	Zip: 15056 Country: USA

REINSTATEMENT CR2E083 (5/10) 08-11

4. Date Incorporated or Qualified To Do Business in Florida 10/23/1995

5. FEI Number 65-0623479 ☐ 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: Gustavo A. Etably

Street Address (P.O. Box Number is Not Acceptable): 1190 N.W. 185th Avenue

Suite, Apt. #, Etc.

City: Pembroke Pines State: FL Zip Code: 33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Gustavo A. Etably REGISTERED AGENT MUST SIGN Date: 3/7/2011

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
P, D	Gustavo A. Etably	1190 N.W. 185th Avenue	Pembroke Pines, FL 33029

10. E-mail Address: ddelost@suntecausa.com
(To be used for future annual report notification)

11. 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, I further certify 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: Gustavo A. Etably 3/7/2011 412-749-5200
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #