

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

John LBR
Secretary of State
DIVISION OF CORPORATIONS

FILED

10/2

01 DEC 14 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099273

1. Corporation Name

SUNSPASH MARINE ENTERPRISE INC.

Principal Place of Business

Mailing Address

1270 12TH AVE. EAST
PALMETTO FL 34221

1270 12TH AVE. EAST
PALMETTO FL 34221



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0717735

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	CARNES, LORENZO L	203 12TH ST W	PALMETTO FL 34221

800004743288--7
-12/31/01--01005--002
*****550.00 *****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARNES, LORENZO L
203 12TH ST WEST
PALMETTO FL 34221

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

12-12-01

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/01 941-744-4111

December 12, 2001

20/2

To Whom It May Concern:

I did not receive my application for reinstatement on time, however, when I did receive it I sent it in but, apparently it was not received by your office. I am sure this was due to the Terrorist Attack. This is a request for a wavier for my late fees.

Your kindness to this matter is greatly appreciated.

Thank You,

Lorenzo Carnes CEO

Lorenzo Carnes / *RC*