

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000064734

1. Corporation Name

SUNSHINE PAVING, INC.

2. Principal Office Address - No P.O. Box #

17755 35TH PLACE NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

US

3. Mailing Office Address

17755 35TH PLACE NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/1997

5. FEI Number

650936456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

DOMINIK MONTES

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

17755 35TH PLACE NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Dominik Montes*

REGISTERED AGENT MUST SIGN

Date 5/17/2010

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
PD	DOMINIK MONTES	17755 35TH PLACE NORTH	LOXAHATCHEE, FL 33470

REINSTATEMENT

08-10

10. E-mail Address: sunshinepaving@bellsouth.net

(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:

*Dominik Montes*

President

5/17/2010

not needed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 19 2010