

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 11 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000066273

1. Corporation Name **SUNSET NATURAL PRODUCTS, INC.**

Principal Place of Business

Mailing Address

7835 SW 86th Ct
Miami, Florida 33143

7835 SW 86th Ct
Miami, Florida 33143

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

2. New Principal Office Address, If Applicable
4534 SW 74th Avenue

3. New Mailing Address, If Applicable
4534 SW 74th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33155 USA

Zip Country
33155 USA

REINSTATEMENT 98-00
4. Date incorporated or Qualified To Do Business in Florida 07/31/97
5. FEI Number 650775379 Applied For Not Applicable
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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Rodolfo Cruz	4000 SW 124th Court	Miami, Florida 33175
T/D	Teresa Martinez	7835 SW 86th Court	Miami, Florida 33143
V/D	Pedro L. Perdomo	5250 SW 5th Street	Miami, Florida 33134

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-05/23/00--01039--007
1050.00 ***1050.00
1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAUL F. PINO, ESQ
2440 Coral Way
Miami, Florida 33145

Name
RAUL F. PINO, ESQ
Street Address (P.O. Box Number is Not Acceptable)
2440 Coral Way
Suite, Apt. #, Etc.

City State Zip Code
Miami FL 33145

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

05/09/00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

(president) 05/09/00 (305) 266-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rodolfo Cruz Date Daytime Phone #

CR2E040 (12/95)