

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 22 PM 12:54

DOCUMENT # P99000039016

1. Corporation Name

SUNNY METALS CORP.

Principal Place of Business

Mailing Address

2650 EAST 11TH AVENUE  
HIALEAH FL 33013

2650 EAST 11TH AVENUE  
HIALEAH FL 33013



REINSTATEMENT

02

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

04/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0918621

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
PTD	SILVA, FERNANDO V	2650 EAST 11TH AVENUE	HIALEAH FL 33013
VD	SILVA, ADALBERTO G	19421 NW 77TH COURT	MIAMI FL 33015
SD	SILVA, MARTHA G	19421 NW 77TH COURT	MIAMI FL 33015

000003514470--8  
-12/27/00--01063--010  
\*\*\*\*750.00 \*\*\*\*750.00

Photo

8. Name and Address of Current Registered Agent

SILVA, FERNANDO V  
2650 EAST 11TH AVENUE  
HIALEAH FL 33013

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/19/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2000 305-693-0205  
Date Daytime Phone #