

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700113471467
12/28/07--01021--002 **900.00

DOCUMENT #

1. Corporation Name

799000062826
SUNRISE PAINTING
AND SERVICES, INC

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

2546 NW 86AV

Suite, Apt. #, etc.

3. Mailing Office Address

2546 NW 86AV

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FLA

City & State

CORAL SPRINGS

Zip

33065

Country

USA

Zip

FL 33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-1988

5. FEI Number

650933832

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

FERNANDO ORDEN

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

2546 NW 86AV

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

REGISTERED AGENT MUST SIGN

Date 12-23-07

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
PRESIDENT	FERNANDO	2546 NW 86AV	
PSTN	ORDEN	CORAL SPRINGS	→
		FLA 33065	→

10. 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 contained in Chapter 119, 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

12-23-07 (754) 422

Date

Daytime Phone #

6478

(954) 341