

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 300008781213
 11/04/02--01061--007 **236.25

DOCUMENT # **N51329**

1. Corporation Name

STO. NINO SHRINE USA, INC.

Principal Place of Business

4515 W. HANNA AVENUE
 TAMPA FL 33614

Mailing Address

4515 W. HANNA AVENUE
 TAMPA FL 33614

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



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1992

5. FEI Number

59-3144379

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | BILBAO, EDGARDO A. | 4515 W. HANNA AVE | TAMPA FL |
| D | DOMPOR, FATIMA REGENCI | 205 W MARTIN LUTHER BLVD | TAMPA FL 33603 |
| D | DEL LA CRUZ, NILDA G. | 547 TALLAHASSEE DR NE | ST. PETERSBURG FL |
| D | MOSQUERA, BENJAMIN P. | 681 BAY LAUREL CT | ST. PETERSBURG FL |
| D | RAFFINAN, JOSE | 2625 WESTVIEW CT | CLEARWATER FL |

8. Name and Address of Current Registered Agent

DE LA CRUZ, NILDA G.
 547 TALLAHASSEE DRIVE, NE
 ST. PETERSBURG FL 33702

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature] **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date

10/29/02

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

Date

Daytime Phone #

10/31/02

727-785-0341