

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 26 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022579

1. Corporation Name

S T A INC.

200009223672
11/26/02--01052--014 **758.75



Principal Place of Business

Mailing Address

2600 DOUGLAS RD
STE 905
CORAL GABLES FL 33134
US

347 WASHINGTON AVE
MIAMI BCH FL 33139
US

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0997346

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDS	CANALE, FERNANDO	347 WASHINGTON AVENUE	MIAMI BEACH FL 33139
VPD	ROBERTS, ROBERTO A F	2600 DOUGLAS RD, STE 905	CORAL GABLES FL 33134

Bob

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WANDA PISTELLA, P.A.
3001 PONCE DE LEON BLVD
STE 262
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of Registered Agent

Wanda Pistella
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/21/02

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:

Jim Smith
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02

Date

Daytime Phone #

CR2E040 (8/02)