

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 AM 7:22

DOCUMENT # P99000045141

1. Corporation Name

SANDMILL HOLDINGS I, INC

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

6902 NW 111TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

MIAMI-DADE

3. Mailing Office Address

6902 NW 111TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

MIAMI-DADE

400184168894
08/09/10--01057--013 **1350.00

KS

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida 05/18/1999

5. FEI Number

65-1012535

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

JOSE ANTONIO PADILLA

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

5901 NW 102 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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 07/28/2010

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
D	JORGE ALBERTO FARAJ	6902 NW 111TH AVENUE	MIAMI, FL 33178
DP	ELENA PUMPO DE FARAJ	6902 NW 111TH AVENUE	MIAMI, FL 33178
DVP	MELISSA FARAJ	6902 NW 111TH AVENUE	MIAMI, FL 33178

10. E-mail Address: ecuacarg@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

07/28/2010

305-496-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #