

APPLICATION FOR REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # 311219

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1. Corporation Name
SEBRING LAND & SALES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

REINSTATEMENT 95-97

If above addresses are incorrect in any way, file through incorrect information and/or correction below.

2. New Principal Office Address, if Applicable Road 19, Intersection 2 Subj. Apt. #, etc.	3. New Mailing Office Address, if Applicable P.O. Box 20868 Subj. Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/23/66
City & State Pueblo Viejo, Guaynabo Zip 00966	City & State Rio Piedras Zip 00928	5. FEI Number 59-1237192 Applied For Not Applicable
Country Puerto Rico	Country Puerto Rico	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 56.75 (Add Item 1 Fee to Total Fee 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	CECI MONTILLA-ROJO	ROAD 19, INTERSECTION 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO, 00966
V	RAFAEL TORO	ROAD 19, INTERSECTION 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO, 00966
T	MARIA EUGENIA ROJO	ROAD 19, INTERSECTION 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO, 00966
S	MARITZA MIRANDA	ROAD 19, INTERSECTION 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO, 00966

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***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

VINCENT PHILLIP NUCCIO
610 NORTH FLORIDA AVENUE
TAMPA, FL 33602

9. Name and Address of Now Registered Agent

Name
JAMES L. LIVINGSTON
Street Address (P.O. Box Number is Not Acceptable)
445 SOUTH COMMERCE AVENUE
Subj. Apt. #, Etc.
City
SEBRING
State
FL
Zip Code
33870

1877/7/97

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]* Date *June 30, 1997*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 18, 1997 (787) 781-0025
Date Cayman Phone #