

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 29 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640816

1. Corporation Name

SARA-ANA, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 82-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable
c/o RIESENBERG

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/79

Suite, Apt. #, etc.
8925 COLLINS AVENUE 4H

Suite, Apt. #, etc.
644 E. HALLANDALE BCH BLVD

5. FEI Number

59-1963087

Applied For

Not Applicable

City & State
SURFSIDE, FLORIDA

City & State
HALLANDALE, FLORIDA

Zip

Country

Zip

Country

33154

DADE

33009

BROWARD

CERTIFICATE OF STATUS DESIRED

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
PSD	ANNA ROTHBAUM	8925 COLLINS AVE 4H	SURFSIDE, FL. 33154

600001997396--9
-11/06/96-01031-015
***1996.25 ***1996.25

JRH-1-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name ANNA ROTHBAUM	
Street Address (P.O. Box Number is Not Acceptable) 8925 COLLINS AVENUE	
Suite, Apt. #, Etc. 4H	
City SURFSIDE	State Zip Code FL 33154

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Anna Rothbaum

REGISTERED AGENT MUST SIGN

Date *10/14/96*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Anna Rothbaum

ANNA ROTHBAUM

(305)672-2458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRS240 (1/2/95)