

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV 25 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *Sandoval Development*
1. Corporation Name
664232 Corporation

Principal Place of Business Mailing Address
14520 SW 148TH Ave (same)
Miami, Fla. 33196

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida *1980*

5. FEI Number *59-2238315*
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<i>Pres.</i>	<i>Arthur P. Sandoval</i>	<i>14520 SW 148TH Ave</i>	<i>Miami, Fla. 33196</i>

700002014507--7
-11/26/96--01104--039
*****775.00 *****775.00

8. Name and Address of Current Registered Agent

Arthur P. Sandoval
14520 SW 148TH Ave
Miami, Fla. 33196

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Arthur P. Sandoval*
REGISTERED AGENT MUST SIGN

Date *11-21-96*

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 of 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 007.0401 or 817.0401, 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: *Arthur P. Sandoval* *Arthur P. Sandoval* *11-2-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-232-2406