

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856084

1. Corporation Name

SAN PROPERTY, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

Via General Micanor A. de Obarrio

Suite, Apt. #, etc.

(Calle 50) Plaza Bancomer

City & State

Ciudad de Panama

Zip

Cuarto piso

Country

Panama

3. New Mailing Office Address, If Applicable

c/o Jose E. Smith

Suite, Apt. #, etc.

130 Minorca Avenue

City & State

Coral Gables, Florida

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/83

5. FEI Number

59-2266234

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	JUAN A. MONTES G.	Via General Micanor A. de Obarrio (Calle 50), Plaza Bancomer Cuarto piso same as above	Ciudad de Panama Republic de Panama
D/V/T	CLARISSA P. DE AGUIRRE	Via General Micanor A. de Obarrio Calle 50 Plaza Bancomer same as above	Ciudad de Panama Republic de Panama
D/S	ELSA MARISSOUSA	Via General Micanor A. de Obarrio Calle 50 Plaza Bancomer same as above	Ciudad de Panama Republic de Panama
A/S	MARIA TERESA PAPPALARDO	Via General Micanor A. de Obarrio Calle 50 Plaza Bancomer same as above	Ciudad de Panama Republic de Panama
			400005337404-3
			04/24/02-01070-029
			***1993.75 ***1950.00

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

Name JOSE E. SMITH		
Street Address (P.O. Box Number is Not Acceptable) 130 Minorca Avenue Suite, Apt. #, Etc.		
City Coral Gables	State FL	Zip Code 33134

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

JOSE E. SMITH REGISTERED AGENT MUST SIGN

Date

3/1/02

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 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:

Notario, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02 (305) 441-1012

CR2E081 (12/98)