

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC 22 PM 1:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F40261**

1. Corporation Name
SAHTEIN, INC.

Principal Place of Business
**99696 OVERSEAS HWY #2
 KEY LARGO FL 33037**

Mailing Address
**99696 OVERSEAS HWY #2
 KEY LARGO FL 33037**



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/10/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2093880	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

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
SPD	GANIM, LEE G	100980 OVERSEAS HWY 99696	KEY LARGO, FL 00000
PD	GANIM, DONALD E	100980 OVERSEAS HWY 99696	KEY LARGO FL
DST	GANIM, ROSEANN	99696 OVERSEAS HWY	KEY LARGO FL
D.	GANIM, GREGORY D.	99696 OVERSEAS HWY	KEY LARGO FL

100902383901 -- 1
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 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUPINO, JAMES S
~~100300 OVERSEAS HWY~~ 90130 Old Highway
 KEY LARGO FL 33037 Tavernier, FL 33070

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 *[Signature]* REGISTERED AGENT MUST SIGN

Date **12/31/97**

11. This corporation owes or has paid 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: *[Signature]* 12-19-97 305-451-2995
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E040 (8/97)