

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # F 62368

1. Corporation Name
THE SANBAR CORPORATION

Principal Place of Business Mailing Address
**901 PONCE DE LEON BLVD.
 #501
 CORAL GABLES, FL 33134** SAME

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.		2/16/82	
City & State		City & State		5. FEI Number	
Zip		Country		59-2408589	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
 97 JUL 31 PM 1:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 88-97

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, D.	JUAN MINI	881 OCEAN DR., #13-H	KEY BISCAYNE, FL 33149
VP, D	JORGE MINI	881 OCEAN DR., #13-H	KEY BISCAYNE, FL 33149
S, T, D,	AYLEEN DE MINI	881 OCEAN DR., #13-H	KEY BISCAYNE, FL 33149
			300002255383--5 -08/01/97--01098--008 ***1820.00 ***1820.00
			300002255383--5 -08/01/97--01098--009 *****8.75 *****8.75
			JB 7-31-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANDRES J, IRIONDO 814 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Name ANDRES J. IRIONDO	
		Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD.	
		Suite, Apt. #, Etc. 501	
		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: Andres J. Iriondo Date: 7/30/97
 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 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: Ayleen de Mini AYLEEN DE MINI Date: 7/30/97 Daytime Phone #: 305-4450611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)