

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 13 AM 11:18

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **641008**

1. Corporation Name

SANDICO, INC.

2. Principal Office Address

3112 Commodore Plaza

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIA, FL

City & State

SAME MIAMI, FL

Zip

33133

Country

DADE

Zip

SAME

Country

SAME

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **5-16-83**

5. FEI Number **59-2294257**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

55/73 Certificate of Incorporation
or Certificate of Status

7. Name and Address of Current Registered Agent

Name **ARMAND LORET de MOLA**

Street Address (P.O. Box Number is Not Acceptable)
125 FLORIDA AVE

Suite, Apt. #, Etc.
N/A

City **CORAL GABLES,**

State
FL

Zip Code
33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Armand Loret de Mola**

Date **2/23/06**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ARMAND LORET de MOLA	125 FLORIDA AVE, CORAL GABLES, FL	33133
VP	JOHN ROBINSON	539 MENENDEZ AVE, CORAL GABLES, FL	33146
			500069172935 02/31/06--01048--010 *** 00.00
			500069172935 02/31/06--01048--011 *** 00.00

10. I certify that I am an officer or director of 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 907.0401 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 contained in Chapter 119, 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:

Armand Loret de Mola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 305 446-9656

Date

Daytime Phone #

ARMAND LORET de MOLA