

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF
DIVISION OF CORPORATIONS

10 MAR 18 AM 6:42

DOCUMENT # NO1000001482

1. Corporation Name

San-Fernando Boys & Associates, Inc

2. Principal Office Address - No P.O. Box #

10700 CARIBBEAN BLVD

Suite, Apt. #, etc.

202 C

City & State

Miami FL

Zip

33189

Country

USA

3. Mailing Office Address

Samuel

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/01

5. FEI Number

651081557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUTHER PETERS

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

10700 CARIBBEAN BLVD

Suite, Apt. #, Etc.

202 C

City

Miami FL

State

Zip Code

33189

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/16/10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PETERS, LUTHER	10700 CARIBBEAN BLVD 202C	Miami FL 33189
SD	Singh, Patricia	11101 SW 197ST Bldg #107	Miami FL 33190
TD	FABIO, DEBRA	11115 SW 134CT	Miami FL 33186
REINSTATEMENT 02-10			
TB 3/22/10			

10. E-mail Address: KINGBAILBONDS1@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/10

Daytime Phone #

786-419-9449