

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000033613**

1. Corporation Name

SANBOW, INC.

Principal Place of Business

Mailing Address

6510 OSCEOLA CIRCLE WEST
HOLLYWOOD FL 33024

11426 WORCESTER RUN
ESTERO FL 33928

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

04/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0996201

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	SANCHEZ, TONY	6510 OSCEOLA CIRCLE WEST	HOLLYWOOD FL 33024
VTD	BOWERS-SANCHEZ, PAULA L	6510 OSCEOLA CIRCLE WEST	HOLLYWOOD FL 33024

P000024578887
11/12/03--01009--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 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: *Paula Bowers-Sanchez* Paula Bowers-Sanchez

10/24/03

(239)
250-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

**SONBOW, INC
11426 WORCESTER RUN
ESTERO, FL 33928**

October 29, 2003

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing to you concerning the late fee on the Uniform Business Report. Our office did not receive the prior 2 notices and we are requesting that the late fee be waived. The office was being remodeled at the time, and we believe that this could have been the reason we did not receive them. Please accept this and or original fee of \$150.00

Sincerely,



Paula Bowers-Sanchez
President