

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -6 AM 11:55

DOCUMENT # **P0000071289**

1. Corporation Name

**SOUTH AMERICAN BUILDERS CORP.**

Principal Place of Business

5289 CEDAR LAKES ROAD #831  
BOYNTON BEACH FL 33437

Mailing Address

5289 CEDAR LAKES ROAD #831  
BOYNTON BEACH FL 33437



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

**REINSTATEMENT 01**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1029672

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
P	PONCE DE LEON, NELLY	5289 CEDAR LAKES ROAD #831	BOYNTON BEACH FL 33437
V	PONCE DE LEON, OMAR	5289 CEDAR LAKES ROAD #831	BOYNTON BEACH FL 33437
			700004726217--8 12/14/01-01007-020 ***750.00 ***750.00

*12/13*

8. Name and Address of Current Registered Agent

PONCE DE LEON, NELLY  
5289 CEDAR LAKES ROAD #831  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

358-6079

Daytime Phone #

CR2040 (8/01)