

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000073598

1. Corporation Name

SERVICES AMERICA CLUB, CORP.

Principal Place of Business

7758 NW 44TH STREET
SUNRISE FL 33341

Mailing Address

7758 NW 44TH STREET
SUNRISE FL 33341

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2000

5. FEI Number

59-3659907

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARTINEZ, PABLO	2640 N. OBT	KISSIMMEE FL 34744
1VPD	BLUM, ANA	7758 NW 44TH STREET	SUNRISE FL 33351
2VPD	PESTANO, ANTONIN JR. ARAMINTA OYALA	7758 NW 44TH STREET	SUNRISE FL 33351
3VPD	Tomas A. Blet	7758 NW 44 STREET	SUNRISE FL 33351
4VPD	AIDA COOK	7758 NW 44 STREET	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

PESTANO, ANTONIN JR.
7758 NW 44TH STREET
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

ANA Blum

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

7758 NW 44 ST

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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 REQUIRED

Date

10/23/02

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 REQUIRED

ANA Blum

10/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Payer

SERVICES AMERICA CLUB, CORP.

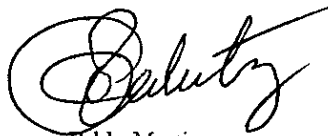
October 23, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please know that we never received the UBR for 2002. Please consider this fact and waive the additional Penalties. I add here a check for \$150.00. I believe that is the amount I would have paid had I received the UBR on a timely basis.

Sincerely,



Pablo Martinez
President

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SUMMIT TELECOM
687 NORTH BISCAYNE RIVER DRIVE
MIAMI FLORIDA 33169

To whom it may concern,

Please find enclosed a check for \$150.00. Please accept this renewal payment on document # P01000081432.

We realize that our payment deadline was missed marginally this was due to the fact that our renewal request was sent to an old address as can be seen on enclosed copy.

Please accept our assurance that this oversight will not be repeated.

CECIL VINCENT

Cecil Vincent