

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 30 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098905

1. Corporation Name

M. SANTOS ENTERPRISE, INC

**REINSTATEMENT** 08-09

500161182545  
09/30/09--01035--010 \*\*300.00

CR2E081 (12/08)

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

5182 Old State Rd 8N

3. Mailing Office Address

P.O. Box 764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park, FL

City & State

Frostproof, FL

Zip

33825

Country

USA

Zip

33843

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2000

5. FEI Number  
59-3678954

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  
Martin Santos

Street Address (P.O. Box Number is Not Acceptable)  
5182 Old State Rd 8N

Suite, Apt. #, Etc.

City  
Avon Park

State  
FL

Zip Code  
33825

☒ 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

*Martin Santos*

Date 09/28/2009

REGISTERED AGENT MUST SIGN

**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
P	Martin Santos	5182 Old State Rd 8N	Avon Park, FL 33825

10. 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 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:

*Martin Santos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/2009

Date

863-528-1168

Daytime Phone #