


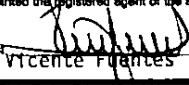
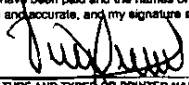
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000115495			
1. Corporation Name SAINCA CONTROL CORPORATION			
2. Principal Office Address - No P.O. Box # 8439 NW 68 Street		3. Mailing Office Address 8439 NW 68 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/19/2000			
5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> 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.			
7. Name and Address of Current Registered Agent			
Name Vicente Fuentes			
Street Address (P.O. Box Number is Not Acceptable) 8439 NW 68 Street			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33166
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  Vicente Fuentes		Date July 31, 2007	
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/O	Vicente Fuentes	8439 NW 68 Street	Miami, FL 33166
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:  VICENTE FUENTES		Date July 31, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR VICENTE FUENTES, PRESIDENT		Date Daytime Phone #	

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2 of 2

August 7, 2007

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

Re: Sainca Control Corporation

To whom it may concern:

Enclosed please find Corporation Reinstatement Report and fee in the amount of \$458.75 to cover \$150.00 @ year for 1005, 2006 and 2007, and \$8.75 for Certificate of Status.

Kindly forward Certificate of Status to the following address at 2100 Coral Way #304 Miami, Florida 33145.

Very truly yours,

SAINCA CONTROL CORPORATION

Vicente F. Osorio