## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000016195

1. Corporation Name

SHEFFIELD COMMERCIAL, INC.

FILED

03 NOV -4 PM 12: 30

SECRETARY OF STATE TALLAHASSÉE, FLORIDA

REINSTATEMENT\_07 Mailing Address Principal Place of Business LEON URDANETA CALZADILLA & PEREZ-BURELLI LEON URDANETA CALZADILLA & PEREZ-BURELLI 888 BRICKELL AVE. 5 FLOOR 888 BRICKELL AVE. 5 FLOOR MIAMI FL 33131 MIAMI FL 33131 <u>100024417631</u> /04/03--01060--024 \*\*758.75 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 Date Incorporated or Qualified To Do Business in Florida 02/08/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-1077237 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(ş) City / State / Zip and/or Directors Officer and/or Director D POCATERRA DE SMITH, MARIA 888 BRICKELL AVE, 5 FLOOR MIAMI FL 33131 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent LEON, ALBERT A ESQ 888 BRICKALL AVE. 5 FLOOR **MIAMI FL 33131** State 10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent 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

1. 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

1/3/03

(355)358-0028

Daytime Phone #

CR2E040 (7/03)