

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # P01000042126

1. Corporation Name

SANLO, CORP.

2. Principal Office Address

848 Brickell Ave

Suite, Apt. #, etc.

4th Floor

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Office Address

P.O. Box

Suite, Apt. #, etc.

310999-

City & State

Miami, Florida

Zip

33231

Country

U.S.A.

REINSTATEMENT

02-03

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/01

5. FEI Number

331022227

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

Paul I. Scherman

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

935 N.W. 164th Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/1/03

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
PD	Humberto Cortina	1088 Hunting Lodge Drive	Miami Springs Fl. 33166
SD	Nelson Echevarria	848 Brickell Ave	Miami, Fl. 33131

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-03

Daytime Phone #

CR2E081 (10/02)