

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060768

1. Corporation Name

SANGABRIEL ENTERPRISES, INC.

Principal Place of Business

935 CYPRESS AVE  
MOORE HAVEN FL 33471

Mailing Address

935 CYPRESS AVE  
MOORE HAVEN FL 33471

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

2. New Principal Office Address, If Applicable

Francisco Arredondo

Suite, Apt. #, etc.

P.O. Box 567

City & State

Moore Haven FL

Zip

33471

Country

Glades

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2001

5. FEI Number

65-1118330

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
D	ARREDONDO, FRANCISCO	13621 EAGLE RIDGE DR #1516	FT MYERS FL 33912

800008606118  
10/28/02--01034--017 \*\*150.00

8/31/30

8. Name and Address of Current Registered Agent

ARREDONDO, FRANCISCO  
13621 EAGLE RIDGE DR  
FT MYERS FL 33912

9. Name and Address of New Registered Agent

Name

Francisco Arredondo

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

935 Cypress Ave.

Suite, Apt. #, Etc.

City

Moore Haven

State

FL

Zip Code

33471

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

## **SANGABRIEL ENTERPRISES, INC.**

BUSINESS ADDRESS: 935 CYPRESS AVE.

MAILING ADDRESS : P.O. BOX 567

CITY: MOORE HAVEN

STATE: FLORIDA

ZIP: 33471

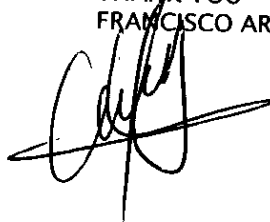
PHONE (863)946-3739

FAX:(863)9463646

October 21, 2002

TO WHOM IT MAY CONCERN: THIS LETTER IS TO NOTIFY YOU THAT OUR CORPORATION NEVER RECEIVED ANY NOTICE FOR A 2002 ANNUAL REPORT. THE ADDRESS THAT YOU HAVE ON THE APPLICATION IS MY BUSINESS AND HOME ADDRESS. WE CANNOT HAVE A MAIL BOX AT THIS LOCATION BECAUSE MAIL IS NOT DELIVERED IN THIS AREA. THAT IS WHY I NEED FOR YOU TO SEND ANY PAPERS FOR THE CORPORATION TO MY P.O. BOX. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT THE NUMBER ABOVE.

THANK YOU  
FRANCISCO ARREDONDO

A handwritten signature in black ink, appearing to read 'Francisco', with a long horizontal stroke extending to the right.