

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 DEC -4 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113041**

1. Corporation Name

SANTU INCORPORATED

Principal Place of Business

8475 VIA D'ORO
BOCA RATON FL 33433

Mailing Address

8475 VIA D'ORO
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/2001

5. FEI Number

65-1156612

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DOVAL, NESTOR P	8475 VIA D'ORO	BOCA RATON FL 33433

900009351159
12/04/02--01045--013 **158.75

8. Name and Address of Current Registered Agent

BUCSPUN, FEDERICO M
8475 VIA D'ORO
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

11/30/02

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

11/27/2002

Daytime Phone #

(305) 310-1249

November 27th 2002

Mr. Jim Smith

Secretary of State

Florida Department of State

Division of Corporations


P.O. Box 6327

Tallahassee, FL 32314

Dear Mr. Smith:

I kindly request to be waived the reinstatement fee for Santu Incorporated, since I did not receive the two prior uniform business report notices. Enclosed are the application form for reinstatement and a check for the filing fee and a new certificate of status in the amount of \$158.75.

Sincerely,



Nestor Pablo Doyal
President
Santu Incorporated
8475 Via D'Oro
Boca Raton, FL 33433