

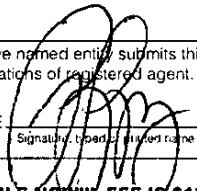
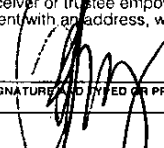


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000113210 1. Entity Name SANTOLI, CORP.						FILED 05 JAN -7 PM 12:05 REINSTATEMENT TALLAHASSEE, FLORIDA 1/13/04 96008 036 \$150.00	
Principal Place of Business 2450 SW 137 AVE #234 MIAMI, FL 33175		Mailing Address 2450 SW 137 AVE #234 MIAMI, FL 33175				 10252004 REIN-P CR2E098 (6/04)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 30-0012146 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137 AVE #234 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 11/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CABRERA, DANIEL S 2450 SW 137 AVE #234 MIAMI, FL 33175 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900043661689 12/28/04--01006--006 **400.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS OLIVERO, RAQUEL S 2450 SW 137 AVE #234 MIAMI, FL 33175 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900043661689 12/28/04--01006--007 **208.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GARCIA, MARIA D 2450 SW 137 AVE #234 MIAMI, FL 33175 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OLIVERO, DANIEL S 2450 SW 137 AVE #234 MIAMI, FL 33175 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOPEZ, PETER M 2450 SW 137 AVE #234 MIAMI, FL 33175 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				11/26/04 Date Daytime Phone #			