

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000042410

FILED
Mar 07, 2005
Secretary of State

Entity Name: SANCRIBE APARTMENTS, INC.

Current Principal Place of Business:

2513 W. MOHAWK AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2513 W. MOHAWK AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 01-0690345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIBEIRO, GIRALDO
2513 W. MOHAWK AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: GIRALDO CRIBEIRO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRIBEIRO, GIRALDO
Address: 2513 W. MOHAWK AVE.
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: CRIBEIRO, ALEJANDRINA S
Address: 2513 W. MOHAWK AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIRALDO CRIBEIRO

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date