

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000042410**

1. Corporation Name

**SANCRIBE APARTMENTS, INC.**

Principal Place of Business

2513 W. MOHAWK AVE.  
TAMPA FL 33614

Mailing Address

2513 W. MOHAWK AVE.  
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	CRIBEIRO, GIRALDO	2513 W. MOHAWK AVE.	TAMPA FL 33614
SD	CRIBEIRO, ALEJANDRINA S	2513 W. MOHAWK AVE.	TAMPA FL 33614

100023805241

10/15/03--01022--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Giraldito Cribeiro*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*Giraldito Cribeiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

Daytime Phone #

CR2E040 (7/03)

Sancrive Apartments, Inc  
2513 W. Mohawk Ave  
Tampa, Florida 33614-6133

October 9, 2003

Division Of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Document # P02000042410

To Whom It May Concern:

This is to inform you that we never received the first notice for our Corporation .

We have checked all the address and information and everything is correct.

Please waive our reinstatement charge.

Sincerely,

  
Giraldo Cribeiro