

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 16 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200103908372  
06/05/07--01033--010 \*\*458.75

CR2E081 (1/07)

DOCUMENT # PO2000080928  
1. Corporation Name Santos Seguros Corporation

2. Principal Office Address - No P.O. Box # 577 E. Sample Rd  
Suite, Apt. #, etc.

3. Mailing Office Address 577 E. Sample Rd  
Suite, Apt. #, etc.

City & State Pompano Beach FL  
Zip 33064 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 07/25/2005  
5. FEI Number 141838879 ☒ Applied For ☐ Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name Sabrina Ferreira  
Street Address (P.O. Box Number is Not Acceptable) 22400 Overture Circle  
Suite, Apt. #, Etc.  
City Boca Raton FL State FL Zip Code 33428

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 5/14/07  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles           | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip         |
|------------------|-----------------------------------|--|----------------------------|
| <u>President</u> | <u>Sabrina Ferreira</u>           | <u>22400 Overture Circle</u>                   | <u>Boca Raton FL 33428</u> |
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10. 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 contained in Chapter 119, 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] Date 5/14/07 Daytime Phone # 954-788-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR