


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000064979

1. Corporation Name
SANCHEZ & COMPANY, INC.

2. Principal Office Address 13920 NW 22ND PLACE		3. Mailing Office Address 13920 NW 22ND PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OPALOCKA, FLORIDA		City & State OPALOCKA, FLORIDA	
Zip 33054	Country USA	Zip 33054	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06-12-2003

5. FEI Number 61-1544776	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MAIKEL SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
13920 NW 22ND PLACE

Suite, Apt. #, Etc.


City
OPALOCKA

State
FL

Zip Code
33054

700112473957
11/21/07 01007 011 ***0.00

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  Date 11-13-2007


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
PD	MAIKEL SANCHEZ	13920 NW 22ND PLACE	OPALOCKA, FL 33054

REINSTATEMENT 04-07

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 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:  Date 11-13-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E081 (01/04)

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,



MAIKEL SANCHEZ
PRESIDENT/DIRECTOR

EXECUTIVE CORPORATE FILING, INC.
9300 S. DIXIE HWY SUITE 201
MIAMI, FL 33156
(305) 670 3110

OFFICE USE ONLY

CORPORATE NAME AND DOCUMENT NUMBER

1. Sanchez & Company, Inc. P03000014979

CORPORATE NAME

DOCUMENT #

2. _____

CORPORATE NAME

DOCUMENT #

3. _____

CORPORATE NAME

DOCUMENT #

4. _____

CORPORATE NAME

DOCUMENT #

PHOTOCOPY
 MAIL OUT

PICK UP TIME _____
 CERTIFICATE OF STATUS
 WALK IN

CERTIFIED COPY
 WILL WAIT

AMENDMENTS

- AMENDMENT
- RESIGNATION OF R. A., OFFICER/DIRECTOR
- CHANGE OF REGISTERED AGENT
- DISSOLUTION/WITHDRAWAL
- MERGER

NEW FILINGS

- PROFIT
- NOT FOR PROFIT
- LIMITED LIABILITY
- DOMESTICATION
- OTHER

REGISTRATION/QUALIFICATION

- FOREIGN
- LIMITED PARTNERSHIP
- REINSTATEMENT
- TRADEMARK
- OTHER

OTHERS FILINGS

- ANNUAL REPORT
- FICTITIOUS NAME

EXAMINER'S INITIAL _____