2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FII.ED				
DOCUMENT # P04000129944											
1. Entity Nam SANTA F	ne					06 JUN 26 AM 7: 25					
					No. Total				· AH		
Principal Plac	e of Busines	s	Mailing Address					. * : •	- 12	4	
11712 SW 5			11712 SW 52ND STREET Cooper City, FL 33340								
COOPER CITY, FL 33340 COOPER CITY, FL 33						 	:			:	
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			[0]042000 尼州尼州尼州(11/05) (5 = 0					
City & State			City & State			4. FEI Number Applied For Applied For Not Applicable					
Zip	Country		Zip Count		itry	5. Certificate	of Status Desired		8.75 Add ee Required	litional d	
	6. Name	and Address of Current	Registered Agent	Name	7. Name and	Address of New I	Registered A	gent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Name Twan AlzaTe Street Address (P.O. Box Number is Not Acceptable)						
! 4TH FLOC MIAMI, FL					·	<u></u>					
<i>₹</i>						<u>5 W 52</u>	ad STr		Zip Code		
	named entit	v submits this statement for	Coper	City	th in the State of El	FL	333	40			
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 & MOU W-alfale 514106											
Signature, typed or puried name of egistered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$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 OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	PD		☐ Delete	TITLE			•		☐ Change	Addition	
NAME STREET ADDRESS	ALZATE,	JUAN / 52ND STREET		NAM	E ET ADDRESS					ĺ	
CITY-ST-ZIP	i	CITY, FL 33340			-ST-ZIP					Į	
TITLE	VTD		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	1	PO, SILVIO / 52ND STREET	NAM!		E ET ADDRESS						
CITY-ST-ZIP		CITY, FL 33340			-ST-ZIP						
TITLE	SD Delete III								☐ Change	☐ Addition	
NAME STREET ADDRESS	ALZATE, ELIZABETH R				·						
CITY-ST-ZIP	1	CITY, FL 33340			ET ADDRESS - ST - ZIP						
TITLE NAME			☐ Delete	TITLE					Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE NAME			☐ Delete	111LE NAMI	1	i <u>:</u> Ω77 /r	: 0007 36/0601(1885 1800 - 188	thaige to	Addition	
STREET ADDRESS					ET ADDRESS	0171	30100016	חחחח	া ককেত	טט.טט	
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM: STRE	ET ADDRESS					1	
CITY-ST-ZIP				CITY	-S1-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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: SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daysine Proce #											
	Ü	SIGNATURE AND PYPED OR	PRINTED NAME OF SIGNING OFFICER (VK DIRECT	HUR		Date	Oa .	yame Phone #		

B. Mitchell JUN 28 2006