


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000165593		
1. Entity Name SANBANI USA, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 OCT 23 AM 11:23

Principal Place of Business 18851 NE 29 AVE. STE 700 AVENTURA, FL 33180	Mailing Address 18851 NE 29 AVE. STE 700 AVENTURA, FL 33180
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10202006 REIN-P CR2E098 (11/05)

4. FEI Number 55-0911699	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMEJO, LUIS 175 FONTAINEBLEAU STE 1G-6 MIAMI, FL 33172		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$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 OFFICERS AND DIRECTORS IN 11			
TITLE	PD	QUINTERO, CARLOS A		TITLE		500081630455	
NAME				NAME		11/08/06--01032--016 **150.00	
STREET ADDRESS		18851 NE 29 AVE. STE 700		STREET ADDRESS			
CITY-STATE-ZIP		AVENTURA, FL 33180		CITY-STATE-ZIP			
TITLE	VD	ECHEVERRY, MARIA I		TITLE			
NAME				NAME			
STREET ADDRESS		18851 NE 29 AVE. STE 700		STREET ADDRESS			
CITY-STATE-ZIP		AVENTURA, FL 33180		CITY-STATE-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED OCT 23 2006