

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN 21 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07000013916**

1. Corporation Name

Saint Anton Capital Corporation

2. Principal Office Address - No P.O. Box #

400 North Ashley Drive

Suite, Apt. #, etc.

2540

City & State

Tampa, FL

Zip

33603

Country

USA

3. Mailing Office Address

8402 Laurel Fair Circle

Suite, Apt. #, etc.

207

City & State

Tampa, FL

Zip

33610

Country

USA

400192154544  
01/21/11--01050--019 \*\*1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/2007

5. FEI Number  
20-8340248

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

Pedro Valdez

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

19128 Fern Meadow Loop

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

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

REGISTERED AGENT MUST SIGN

Date 01/17/2011

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
CEO	Stephen Bracciale	8402 Laurel Fair Circle, Suite 207	Tampa, FL 33610

10. E-mail Address: sbracciale@nationalsourcing.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Stephen Bracciale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2011 813-842-1962

Date

Daytime Phone #