

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 PM 3:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

0910

REINSTATEMENT
CR2E081 (11/09)

DOCUMENT # P07000062204

1. Corporation Name
ANTONIO SANCHES, INC

2. Principal Office Address - No P.O. Box #
710 RICH DRIVE

Suite, Apt. #, etc.

City & State
PALM SPRINGS, FL

Zip Country
33406 US

3. Mailing Office Address
710 RICH DRIVE

Suite, Apt. #, etc

City & State
PALM SPRINGS, FL

Zip Country
33406 US

4. Date Incorporated or Qualified To Do Business in Florida
05/24/07

5. FEI Number
26-0245046

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
ANTONIO SANCHES

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

Suite, Apt. # Etc

City State Zip Code
PALM SPRINGS FL 33406

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

REGISTERED AGENT MUST SIGN

Date **3/6/2010**

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
P	ANTONIO SANCHES	710 RICH DRIVE	PALM SPRINGS, FL 33406

600171597446
03/09/10-01004--005 ***300.00

**M. MILLIGAN
EXAMINER**

10. E-mail Address: _____
(To be used for future annual report notification)

MAR - 9 2010

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., 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2010
Date Daytime Phone #