

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

SATUERCA Corporation 18284  
PA50000

2. Principal Office Address

12666 N.W. 15th Sunrise

3. Mailing Office Address

12666 N.W. 15th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33323

Country

U.S.A

Zip

33323

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/97

5. FEI Number

65-0617096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN ALIBAR

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

12666 N.W. 15th

Suite, Apt. #, Etc.

900013629549

03/05/03--01053--010 \*\*308

City

SUNRISE

State  
FL

Zip Code

33323

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

*John Alibar*  
REGISTERED AGENT MUST SIGN

Date

3/1/03

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
President	JOHN ALIBAR	12666 N.W. 15th	FL 33323
Vice President	JOSE ALIBAR	12666 N.W. 15th	FL 33323

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:

*John Alibar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

Date

954 677-0565  
Daytime Phone #

CR2E081 (10/02)

March 1, 2003

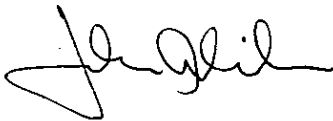
Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: Satuerca Corporation  
Ref Number: P95000018284

Pursuant to our telephone conversation, I am enclosing a letter as you requested. I, John Alcibar called in a change of address two years ago, one for M J Travel Services and for Satuerca Corporation. I did not received the report for Satuerca this year and last year. Enclosed please see the reinstatement application and the check for both years, for Satuerca Corporation. Since M J Travel did received the proper form it is up to date. Please note the change of address.

Satuerca Corporation  
12666 N.W. 15th Street  
Sunrise, Fl. 33323

Thank You

A handwritten signature in black ink, appearing to read 'John Alcibar', with a stylized flourish at the end.

John Alcibar