PLEASE READ	ALL INSTRUCTION	S BEFORE CO	MPLETING THIS FORM.	
PPLICATION  FOR O  REINSTATEMENT	Sandra B. Mo Secretary of  Plylsion of Conne	ENT OF STATE  ortham  State	FILED SEORETARY OF STATE	·.
DOCUMENT # 195000030139			DIVISION OF CORPORATIONS	ke,
1. Corporation Name SACE ASSOCIATES C.F S&UTUI IZCURPIA			97 OCT 27 PM 1: 19	10/28
Principal Place of Business  760 E, SAMPLO-RD # 225				
POMPANO FLA 33064 SUITE 22T				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified	./
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 7/18/45	
City & State	City & State		FEI Number 65-0574787	Applied For Not Applicable
Zip Country	Zip Coun	try 6.		Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpo	rations must list at least 3 i	directors)	
Title(s) Name of Officers end/or Directors 2	C	treet Address of Each officer and/or Director Use Post Office Box Numb	city / Stat	e / Zip
PRE GLORIA JAKAR & BRINY A			t POMPAN FLA	75 33062
UPPS MICHAUL FLEMING 8 BRING AUG POMPANO FLA 33062				
		· · · · · · · · · · · · · · · · · · ·	1000023333 -10/29/970	<u>241</u> 3
*			****750.00	****750.00
8. Name and Address of Current R	egistered Agent	9. 1	Name and Address of New Registered Ag	ent
Name Name				12/36)
MICHAEL FLEMING  Street Address (F)  Suite, Apt. #, Etc.		Street Address (P.O. B	ox Number is Not Acceptable)	04030
8 BRUY SIO		Suite, Apt. #, Etc.		
Prempage PCR City State Zip Code				
10. I, being appointed the registered agent of the above Spinature of Rigistered Agent	e named corporation am familiar w	ith and accept the obligation	ons of Section 607.0505, F.S.  Date	1897
11. Does this corporation pay as Dept. of Revenue under S. 1	ny intangible tax to th	ne utes. Yes 🔀	No See other side for on intangit	or Information
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my sign	mes of individuals listed on this for	m do not qualify for an ave	ed for in chapter 607 or 617, F.S. I further cel quirements of section 607.0401 or 617.0401 emption under section 119.07(3)(i), F.S. The	tify that when filing , F.S., that all fees information indicated
SIGNATURE: SIGNATURE AND TYPED OR PRINT	Multi Se ED NAME OF SIGNING OFFICER OR D	MINA MIRECTOR	April Right Date Date	347-0744 Reprince #
MIC.	HAEC FLOM	MP		