

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

MAR-2

DOCUMENT # **PA5000095417**

1. Corporation Name  
**S. B.S.**  
3110 Colman Road #202A  
Palm Beach Gardens, FL 33193

**REINSTATEMENT 97-99**

If above addresses are inserted 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

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**65-0069623**

6. CERTIFICATE OF STATUS SCORED

7. Names and Street Addresses of Each Officer and/or Director: (Florida non-profit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Mail Office Box Numbers)	4. City/State/Zip
	<b>PA SYLVANO BIGNON</b>	<b>200 Ocean Lane Unit # 808</b>	<b>Key Biscayne FL 33149</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **Sylvano Bignon**  
Street Address (P.O. Box Number is NOT Acceptable): **200 Ocean Lane Drive**  
City/State/Zip: **Key Biscayne FL 33149**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 605.052, F.S.

Signature of Registered Agent: *[Signature]* Date: \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. 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 of the F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name sold of the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 19.07(3)(j), 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: *[Signature]* Pres 3-1-99