PLEASE READ APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS E FLORIDA DEPARTMEN' Sandra B. Morth Secretary of Sta	T OF STATE nam ate	OMPLETING THIS FORM.
DOCUMENT #P910000,29847			98 JUN 22 AM 11: 24
SANT ENTERPRISES, INC.			SECNETARY OF STATE TALLAHASSEE. FLORIDA
Principal Place of Business	Mailing Address		IMPLANTAGE
717 Washington Avenu Miami, FL 33135	e		THE TENENT OF THE
If above addresses are incorrect in any way, line this 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	3 New Mailing Office Address, II An Suite, Apt. 1, etc.		4. Date Incorporated or Qualified 04-03-96 5. FEI Number 65-0672415 Applied For
City & State Zip Country	19 33119 Cours	FL	Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
7 Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors 2	Stree Offic	ons must list at lease at Address of Each er and/or Director Post Office Box N	City / State / Zip
D SAL LOPRISCO	3100 ME FT. LAUDE	LDALE	FC FI LANDERDAYE, A. 3330 2000025712421 -06/24/9801064012 *****900.00 *****900.00
8. Name and Address of Current F	Registered Agent	Name Joh r	9. Name and Address of New Registered Agent 1. Passariello
O. I, being appointed the registered agent of the ahor		6466 Suite, Apt. #, Etc.	O. Box Number is Not Acceptable) 5 NW 5th Way Lauderdale State Zig 3330 State State
11. This corporation owes or ha	GISTERED AGENT MUST SIGN us paid the current year	Yes™	Date (See other side for information on intangible tax.)
this reinstatement application, the reason for dissel	er or trustee empowered to execute the ution has been eliminated, the corpora ames of individuals listed on this form	is application as pri te name satisfies the do not qualify for a	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all focs in exemption under section 119.07(3)(i), F.S. The information indicated
			1/-// 954
SIGNATURE: SIGNATURE AND TYPED OR PAIN	ITED NAME OF SIGNING OFFICER OR DIR	ECTOR /	554 2//25/58 3563347 Dayline Phone #

SIGNATURE: